

Internal Use Only

Name: _____
Last, First, Middle Initial

Date: _____

Time: _____

Initial: _____

Deputy Sheriff Application Information Summary
Sheriff's Office
DeKalb County



STATEMENT OF EQUAL EMPLOYMENT OPPORTUNITY

The DeKalb County Sheriff's Office is an Equal Opportunity Employer and will accept applications, hire qualified applicants, administer all terms and conditions of employment and make available all benefits and compensation of employment without regard to race, color, creed, religion, sex, national origin, disability or age, except when such constitutes a bona fide occupational qualification necessary for proper and efficient administration of the agency.

Honest? Dedicated? Good Communicator? Have integrity? Hardworking?

If you answered yes, DeKalb County Sheriff's Department is seeking qualified individuals for the position of Merit Deputy.

The qualified candidates must be self-motivated, desirous of learning a variety of skills, multi-tasker and adaptable to a changing environment. Requires the ability to communicate well with others and work with the public. Must be detail oriented and an effective and efficient communicator. Will adhere to all Policies and Procedures of DeKalb County Government and State Board of Accounts. Serve in other duties and assignments as requested/required by the DeKalb County Sheriff.

What can you expect when you work for DeKalb County Sheriff's Department?

- Competitive pay
- Benefit package – medical, dental, vision, RX
- County-paid life/AD&D/STD/LTD insurances
- Retirement Plans
- Generous Paid Holidays/Paid Time Off
- Direct deposit

To be considered for this exciting opportunity, you must complete the attached application packet and return a hard copy in person or via US mail to DeKalb County Sheriff's Department, DeKalb County Government, 215 East 8th Street, Auburn, IN 46706.

Applications must be turned in no later than **January 31, 2020, at 4:00 p.m.**

All qualified applicants will receive consideration for employment without regard to race, color, religion, gender, national origin, age, sexual orientation, gender identity, disability or veteran status.

We E-Verify!

INSTRUCTIONS & GENERAL INFORMATION

1. Read each item carefully.
2. This application must be typed or printed neatly in your own handwriting (ink).
3. All items must be completed and necessary documentation included.
4. Two pages require notarization.
5. If additional space is needed, attach a supplemental page at the end of the application.
6. The completed application must be returned or mailed to:

DeKalb County Sheriff's Department
215 E. 8th St.
Auburn, IN 46706
Attn: Chief Deputy

DEADLINE FOR APPLICATION IS 01/31/20, NO LATER THAN 4:00 p.m.

POLICY REGARDING THE APPLICANT INFORMATION SUMMARY

1. The failure to comply with instructions and policy regarding this phase of the applicant selection process may result in the rejection of the application.
2. The failure to accurately and truthfully complete this application may result in the rejection of the application.
3. The failure to return this application by the specified date may result in the rejection of the application.
4. Applications will not be accepted without complete addresses, phone numbers, and zip codes.
5. It is the responsibility of the applicant to advise or forward any changes relative to applicant's name, address, and phone number.

If you are in need of assistance in completing the application form, feel free to contact the Chief Deputy of the DeKalb County Sheriff's Office at (260) 925-3365

MINIMUM QUALIFICATIONS – DEPUTY SHERIFF

NO EXCEPTIONS ARE MADE TO THE FOLLOWING MINIMUM QUALIFICATIONS

1. CITIZENSHIP: An applicant must be a citizen of the United States of America.
2. AGE: An applicant must be at least twenty-one (21) years of age.
3. FELONY CONVICTION: An applicant may not be appointed if he/she has a judgment of conviction for a felony.
4. HIGH SCHOOL GRAD: An applicant must be a graduate of a duly accredited high school and must supply a copy of his/her transcripts with the completed application form. An applicant who had received a G.E.D. from an accredited high school or the Military shall be considered as having graduated from an accredited high school.
5. CHARACTER: An applicant must be of “good moral character”.
6. TATTOOS: No tattoos on the face, neck, head or below the crease of the elbow that does not fall below the short sleeve uniform shirt sleeve when bent at the elbow.

Moral Character Issues

Traffic, Juvenile, and Criminal Arrests

All candidate's traffic or criminal histories will be reviewed and may serve as a basis for disqualification from the selection process. Convictions, arrests, and admissions will be assessed with particular attention given but not limited to the pattern of violations, seriousness, surrounding circumstances, number of incidents, and their recency. Conduct that occurred in the recent past would be considered more damaging than conduct that happened several years ago. Juvenile arrests or misdemeanor arrests may not be grounds for disqualification but these will be evaluated on a case-by-case-basis. Conviction of a felony or the reasonable belief the candidate committed a felony will be cause for immediate disqualification.

Completeness and the truthfulness on the application is highly important. It is much better to admit to perceived faults on the application than to omit information. Do not omit information because of a lack of space for a response on the application form. If more space is needed to explain special circumstances use a separate sheet of paper, note the corresponding section and question number, and describe the incident, circumstances and outcome in as much detail as is needed. Applications that are incomplete may not be reviewed. All requested documentation must accompany the application unless prior approval has been given. **Your ability to follow instructions will be judged based in large part on the application you submit.**

Candidates will be judged on a wide variety of skills and traits throughout the selection process including honesty, integrity, courage, communication skills, education, adaptability, common sense, work ethic and special skills among others.

APPLICANT STEPS – DEKALB COUNTY SHERIFF'S DEPARTMENT

1. Applicant returns completed application along with signed and notarized waiver forms
 - a. Mandatory documents to be attached to the application are:
 - i. Copy of Valid Drivers License
 - ii. Copy of Birth Certificate
 - iii. Copy of High School Diploma or GED
 - iv. Copies of all transcripts and degrees
 - v. Copy of DD214 (Armed Services Discharge)
 - b. Application and required documents to be received by **01/31/20** by 4:00 p.m.
2. Selected applicants will undergo application review and preliminary background check
3. Selected applicants will be invited to physical agility/written testing
 - a. Scheduled for **02/15/20**. You will be notified of time and location
4. Selected applicants will undergo extensive background check
5. Selected applicants will undergo polygraph evaluation
 - a. You will be contacted for scheduling
6. Selected applicants will undergo interview by Merit Board
 - a. You will be notified of date, time, and location
7. Conditional offer of employment
8. After conditional offer, subject will undergo a psychological evaluation, medical evaluation, and drug screening
9. Sheriff appoints Merit Deputy Sheriff from list of eligible candidates
10. Deputy Sworn in
11. Probationary Period (Begins 1 year from the date of employment)
12. Successfully complete Indiana Law Enforcement Academy (if not obtained already)

Physical Agility Testing

The DeKalb County Sheriff's Office requires physical agility testing of every applicant. The testing will gauge muscular strength, muscular endurance, cardiovascular endurance and musculoskeletal flexibility. The standards set for successful completion of this agility test are those of the Indiana Law Enforcement Training Board and are the requirements set for successful completion of the Basic Course (Police Academy).

What are the physical fitness requirements established for this test?

There are five (5) physical fitness components that will be measured as a battery of tests. Applicants should understand that these tests will involve periods of physical exertion and that, as with any physical activity, certain risks are inherent. Applicants will be expected to read and sign the enclosed Waiver Form (Page 19) and return it with the application. Persons who do not sign and return the Waiver Form will be excluded from the testing and will therefore be dropped from consideration. The physical agility tests will be conducted prior to the written aptitude testing and will be given in the order shown below. (*Protocol violations can be viewed on the Indiana Law Enforcement Academy website*)

1. **Vertical Jump.** This measures leg power and consists of measuring how high a person can jump.
2. **One Minute Sit Ups.** This measures abdominal, or trunk, muscular endurance. While laying on his/her back, the applicant will be given one (1) minute to do as many bent leg sit-ups as possible.
3. **300 Meter Run.** This measures anaerobic power, or the ability to make an intense burst of effort for a short time period or distance. This component consists of sprinting 300 meters as fast as possible
4. **Maximum Push Ups.** This measures the muscular endurance of the upper body. This component consists of doing as many push ups as possible until muscular failure.
5. **1.5 Mile Run.** This measures aerobic power or cardiovascular endurance (stamina over time.) To complete this component you must run/walk, as fast as possible, a distance of 1.5 miles.

Minimum Passing Performance

Vertical Jump	16 Inches
One Minute Sit Ups	29
300 Meter Run	71 Seconds
Maximum Push Ups	25
1.5 Mile Run	16 minutes 28 seconds

Since the failure to meet the above standards will result in your disqualification, it is imperative to begin training NOW. We recommend you see your personal physician prior to beginning any physical fitness program. Some general guidelines for achieving the above stated goals include the following.

Start Slowly: Too much too soon is the biggest cause of injury. Have a planned progressive program.

Equipment: A good pair of running shoes and proper clothing for weather conditions is important. Drink plenty of water.

Exercise: The body is exercise specific. Work on exercises such as running, push-ups, jumping, and sit-ups.

Begin Slowly: Work up to your maximum goal. For example, begin by walking rapidly for 30 minutes, five times a week. After the first week, progress to walking and jogging at equal intervals. The goal is to build up to jogging 30 to 40 minutes, five times a week. Test yourself for the maximum number of continuous push-ups and sit-ups you can do. Take half those numbers and do exercises five days per week and add one repetition each day. After two weeks, start with two sets and continue to add one repetition per session.

Take an honest appraisal of your current abilities and what you feel you may be able to perform by test day. The stated goals are not difficult and will be reached by the majority of applicants. Some applicants will require more training and preparation to meet these goals than others. If your desire is to become a police officer in the State of Indiana, these are the goals you must reach.

For more information see the **ILEA (Indiana Law Enforcement Academy)** web site at www.in.gov/ilea



DeKalb County Sheriff's Department Employment Application



I. PERSONAL HISTORY

- A. Name (last, first, middle) _____
- B. Home Phone No. (_____) _____ - _____ Cell Phone No. (_____) _____ - _____
- C. Primary email address _____
- Do you have regular access to your email? Yes _____ No _____
- D. Social Security Number _____
- E. List all other names you have used including nicknames and maiden names. If you have ever used any last names other than your true name, list the period of time during in which it was used and the circumstances for its use. If you have ever legally changed your name, list the date, place, and the court. This information is required to assist the department in conducting the applicant's background investigation.
- _____
- _____
- F. Birth Date (month, day, year): _____
- Place of birth (city, state): _____
- Include a COPY of your birth certificate. This will be used to verify your age for statutory requirements.
- G. Height _____ Weight _____ Color of Eyes _____ Color of Hair _____
- H. Marital Status:
- Single _____ Married _____ Divorced _____ Separated _____ Widowed _____
- I. Date and Location of marriage(s)? (City, County, State)
- _____
- _____
- _____
- J. Date and Location of Divorce, Separation or Annulment? (include which court issued decree)
- _____
- _____
- K. Are you a United States Citizen? Yes _____ No _____

II. FAMILY HISTORY

List all family members (living or deceased) in the following order: parents, step-parents, foster parents, guardians, brothers, sisters, spouse, children:

[illegible]

III. RESIDENCES

A. Present Residence:

(Number) (Street) (City) (State) (ZIP)

B. In chronological order, with the most current first, list all of your residences in the last five years:

[illegible]

IV. EDUCATION

List all schools attended at the high school level and above. **Include COPIES of all transcripts, diplomas and degrees.**

	<u>Years Attended</u>		<u>Address</u>	<u>Degree / Diploma</u>
	<u>From</u>	<u>To</u>		
High Schools				
Colleges / Universities				
Other, Vocational Technical, etc				

List Extra-curricular clubs and activities you participated in during high school and college. Include sports and hobbies as well as professional, trade, business or civic organizations to which you have belonged during the past 5 years. (Exclude memberships that would reveal race, religion, national origin, or any other similarly protected status)

Organization or Activity	Offices held

A. Do you know any foreign language skills other than English? List which language and what skill level?

B. Computer Skills: List all Operating Systems you have a working knowledge of (Windows, Mac, etc.)

C. List all software titles (excluding games) you have a working knowledge of.

D. List all personal E-Mail Addresses.

E. Estimate your computer / software / internet ability or skill level (None, beginner, intermediate, advanced).

F. List any special qualifications, professional licenses, certifications, abilities, honors, publications, etc. that are not listed elsewhere in this application that would reflect upon your qualifications for this job.

V. EMPLOYMENT RECORD

In chronological order (start with your present or last job), list all former and current employers. Include full-time, part-time, temporary/seasonal work, and all periods of unemployment. Present employers may be contacted prior to any appointment: **Make sure all telephone numbers are correct:**

1. Name of Company: _____
 Employment Dates: From _____ To _____
 Address & ZIP code: _____
 Phone Number: (____) ____-____
 Position Held: _____
 Supervisor's Name: _____
 Reason for Leaving: _____ Final Salary _____

2. Name of Company: _____
 Employment Dates: From _____ To _____
 Address & ZIP code: _____
 Phone Number: (____) ____-____
 Position Held: _____
 Supervisor's Name: _____
 Reason for Leaving: _____ Final Salary _____

3. Name of Company: _____
 Employment Dates: From _____ To _____
 Address & ZIP code: _____
 Phone Number: (____) ____-____
 Position Held: _____
 Supervisor's Name: _____
 Reason for Leaving: _____ Final Salary _____

4. **Name of Company:** _____
Employment Dates: **From** _____ **To** _____
Address & ZIP code: _____
Phone Number: (____) _____ - _____
Position Held: _____
Supervisor's Name: _____
Reason for Leaving: _____ **Final Salary** _____

5. **Name of Company:** _____
Employment Dates: **From** _____ **To** _____
Address & ZIP code: _____
Phone Number: (____) _____ - _____
Position Held: _____
Supervisor's Name: _____
Reason for Leaving: _____ **Final Salary** _____

6. **Name of Company:** _____
Employment Dates: **From** _____ **To** _____
Address & ZIP code: _____
Phone Number: (____) _____ - _____
Position Held: _____
Supervisor's Name: _____
Reason for Leaving: _____ **Final Salary** _____

7. **Name of Company:** _____
Employment Dates: **From** _____ **To** _____
Address & ZIP code: _____
Phone Number: (____) _____ - _____
Position Held: _____
Supervisor's Name: _____
Reason for Leaving: _____ **Final Salary** _____

- A. Have you ever been involuntarily terminated from a full or part time job, whether it was termed fired, terminated, suspended, laid off, or furloughed? If yes, describe circumstances.

- B. Have you ever resigned (quit) after being informed your employer intended to discharge you? If yes, explain circumstances.

- C. Have you ever had any disciplinary actions taken against you at any of your jobs? (Written reprimand, suspension with or without pay, forfeiture of benefits, or other similar actions) If yes, which job? Describe circumstances.

- D. Do you have any reason to believe that a former employer may give you a negative job reference? If yes, list name of employer and why.

- E. Have you ever applied to any law enforcement or correction agency, including the DeKalb County Sheriff's Office?

Name of Agency	Mo/Yr Applied	Current Status of Application
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VI. MILITARY SERVICE

A. Are you registered with the Selective Service?

Yes ____ No ____

Selective Service Number: _____

B. Have you ever served on active duty in the Armed Forces of the United States?

Yes ____ No ____

Which branch of service _____

Dates of Active Duty: _____
(Month, Day, Year)

If you are still enlisted, when will you be discharged? _____

Highest Rank _____ Serial Number _____

Unit(s) to which assigned and primary duty type

Type of Discharge: _____

Are you eligible for reenlistment? _____

Are you or have you been a member of any United States Reserve or National Guard Unit?

(Yes /No) _____ Unit _____ Location _____

Reserve status & Obligation if any _____

C. While in the Military Service, were you ever convicted of any offense (civil or military)?

Yes ____ No ____

When? _____

Explain: _____

Include a COPY of your DD214 – (Armed Services Discharge)

VII. DRIVER RECORD

- A. List all vehicle operator licenses you currently hold or have held:
Include a COPY of your current license

License Type (Oper. / Chauff / CDL)	Licensing State	License Number	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- B. List all vehicle accidents that you have been involved in over the last **five years**:

Date	Location	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- C. List all traffic citations you have received in the past **three years**:

Date	Location	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- D. Has your driver's license ever been suspended or revoked?

Yes ____ No ____

If yes, explain: _____

VIII. ARREST / FELONY / MISDEMEANOR COVICTION RECORD

- A. Have you ever been arrested or detained by a law enforcement agency? Yes ____ No ____

If yes, provide the following:

Date	Place	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____

- B. Have you ever been convicted of a felony offense? Yes ____ No ____

If yes, provide the following:

Date	Place	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____

- C. Have you ever been convicted of a misdemeanor offense? Yes ____ No ____

If yes, provide the following:

Date	Place	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____

- D. Have you ever had a judgment entered against you as a result of a civil suit other than a divorce case? This includes "small claims, evictions, and collections" or any other kind of civil court actions even if settled out of court prior to a judgment being entered by a judge or jury. List dates, location, and brief facts of each case.

- E. In the past, have you ever consumed an illegal drug or narcotic? Yes ____ No ____

If yes, please explain in detail (use additional paper if necessary):

IX. FINANCIAL STATUS

- A. When we check your credit history with a credit bureau how do you think the report will look?

Excellent _____ Good _____ Fair _____ Poor _____

Why? _____

- B. What do you consider your current financial condition to be?

Excellent _____ Good _____ Fair _____ Poor _____

Why? _____

- C. Do you have a checking account? _____ Savings account? _____

- D. Name of the Bank including branch address where you usually do business.

- E. Have you ever been referred to a collection agency? _____ What was the outcome? _____

- F. Have you ever had any repossessions? _____ Why? _____

- G. Have you ever been notified either verbally or in writing that a check signed by you has been returned by a bank marked "insufficient fund"? _____

- H. Have you ever voluntarily or involuntarily declared Bankruptcy? _____

If yes declared under what chapter? _____

If yes, detail each occurrence (who, what, when, where, why and status). Use an attached page to explain.

- I. Are you renting _____ or buying _____ your home? (mark appropriate space)

Monthly rent or mortgage payment? _____

- J. How was your post high school education financed? _____

- K. Are you responsible for making child support payments? _____

Are you current on your payments? _____

X. REFERENCES

List three current references. (Excluding relatives, current and former employers):

1. Name: _____

Address and ZIP Code: _____

Daytime Telephone Number: (____) ____-____

Cell Phone: (____) ____-____

Occupation: _____

How long have you known this individual? _____

2. Name: _____

Address and ZIP Code: _____

Daytime Telephone Number: (____) ____-____

Cell Phone: (____) ____-____

Occupation: _____

How long have you known this individual? _____

3. Name: _____

Address and ZIP Code: _____

Daytime Telephone Number: (____) ____-____

Cell Phone: (____) ____-____

Occupation: _____

How long have you known this individual? _____

To be returned with completed application

PHYSICAL AGILITY TEST WAIVER OF LIABILITY

Warning and Acknowledgement of Risk and Damages

I have entered the Job Related Physical Ability Test out of my own free will. I acknowledge that I am in good physical condition and have no medical problems that would affect my ability to participate in this event. I voluntarily agree to assume the full risk of any injuries, damages or losses of properties, regardless of severity.

Should I suffer any injury or illness, I authorize officials of the attending emergency services to use their discretion to have me medically treated and transported to a medical facility.

Liability Release

I acknowledge that I have read and understand the above warning and acknowledgement of risk of injuries, damages or losses of properties. I, for myself, and on behalf of my heirs, personal representatives and next of kin, hereby release, hold harmless and promise not to sue the DeKalb County Sheriff's Office, the County of DeKalb, all members of said organizations, their respective employees, agents and other individuals who are associated with this event, with respect to any and all injuries, damages and losses that may arise from my participation in this event. This Waiver and Release extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

I have read this agreement, fully understand its terms, and sign it freely and voluntarily.

Printed Name of Participant _____

Signature of Participant _____ Date _____

Witness Signature _____

To be returned with completed application

Misdemeanor Crime of Domestic Violence Notice

The Omnibus Consolidated Appropriations Act of 1997 made it unlawful for any person convicted of a “Misdemeanor Crime of Domestic Violence” to possess, or receive firearms or ammunition. “Misdemeanor crime of Domestic Violence” is generally defined as any offense – whether or not explicitly described in a statute as a crime of Domestic Violence – which has as its factual basis, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by the victims current or former domestic partner, parent or guardian. The term “convicted” is generally defined by the statute as excluding anyone whose conviction has been expunged or set aside, or has received a pardon.

This prohibition DOES apply to all Law Enforcement Officer. If this statute affects you, you would not be eligible for appointment as a police officer with the DeKalb County Sheriff’s Office.

Have you ever been convicted of a misdemeanor crime of Domestic Violence within the meaning of the statute?

Yes _____ No _____

Signature _____

To be returned with completed application

APPLICANT STATEMENT OF TRUTHFULNESS

Please read the following statement and sign to certify your understanding. This statement is to be signed in the presence of a Notary Public.

I certify that all information I have provided in order to apply for and secure work with the DeKalb County Sheriff's Office is true, complete and correct.

I understand that all the information I have provided is subject to verification and that any information found to be false, incomplete or misrepresented in any respect, will be sufficient cause to 1) cancel further consideration of this application, or 2) if already appointed; I may be subject to discharge from employment.

I have expressly authorized, without reservation, the DeKalb County Sheriff's Office, its representatives, employees or agents to contact all references, and any other persons in order to obtain any and all information deemed necessary by them to verify the accuracy of all information provided by me in this application or at other points throughout the entire process including interviews. I have signed a RELEASE OF INFORMATION WAIVER FORM, which is also attached to this application.

I understand that the DeKalb County Sheriff's Office does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant from consideration on a basis prohibited by applicable local, state or federal law.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

Before me the undersigned, a Notary Public for _____ County,

State of _____, personally appeared _____

Printed name of applicant

And he/she being first duly sworn by me upon his/her oath certified he/she read, and fully understands and accepts all terms of the foregoing Applicant Statement.

Signed and sealed this _____ day of _____, 20 _____

Signature of Applicant

Signature of Notary Public

SEAL

My commission Expires _____

AUTHORIZATION RELEASE OF INFORMATION

This release, when presented by a duly authorized representative of the DeKalb County Sheriff's Department, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the DeKalb County Sheriff's Department: Employment, Educational, Medical, Psychological; Selective Service; Police and Criminal; Motor Vehicle and Driving; Financial and Credit; Polygraph Examinations; and the UNDELETED copy my military separation document and medical records from the appropriate Military Records Center and Department of Veterans Affairs.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the DeKalb County Sheriff's Department. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing an investigation, which may provide pertinent data for the DeKalb County Sheriff's Department, to consider my suitability for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for employment by the DeKalb County Sheriff's Department. I understand that all materials pertaining to this background investigation become the property of the DeKalb County Sheriff's Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the confidential information or source of information will not be revealed to me.

I understand that in the event the investigating agency finds conduct that is illegal or unbecoming of a police officer and I am currently serving in the capacity of a police officer in a jurisdiction, the investigating agency has my permission to disclose the information to my current employer.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Printed Name: _____

State of _____; Signature _____

County/City of _____; Street Address _____

City, State, Zip _____

Subscribed and sworn before me this ____ day of _____, 20____

My commission expires _____

(Signature of Notary) _____

To be returned with completed application

Credit Check

Sample documents should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. PeopleFacts expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided. Employers seeking credit reports must provide additional notices pursuant to state law.

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Employer at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by People Facts 135 Chesterfield Lane Maumee, OH 43537 800-772-0130 www.peoplefacts.com and/or Employer. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

California applicants only: Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.

A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.

By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature: _____ Date: _____

Credit Check (cont.)

Sample documents should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. PeopleFacts expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided. Employers seeking credit reports must provide additional notices pursuant to state law.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by PeopleFacts 135 Chesterfield Lane Maumee, OH 43537 800-772-0130 www.peoplefacts.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Signature: _____

Date: _____



INDIANA REQUEST FOR A CHILD PROTECTION SERVICES (CPS) HISTORY CHECK

State Form 52802 (R7 / 6-18) / CW 2128
DEPARTMENT OF CHILD SERVICES

All spaces must be completed and typed or printed in all capital letters.

* **PLEASE NOTE:** This search will be completed and results returned based on the following information provided by the applicant using the Indiana DCS statewide electronic child protective services index database which may return substantiated results from completed assessments ranging from January 1, 1988, through the completed date of the Department of Child Services CPS history check. IC 31-33-26-15

SECTION A - TO BE COMPLETED BY REQUESTING ORGANIZATION					
1. Legal first name of applicant		Legal middle name of applicant (If none, indicate "no middle")		Last name of applicant	
2. Reason for history check (check all that apply) *					
<input type="checkbox"/> Foster care <input type="checkbox"/> Adoption <input type="checkbox"/> Employment <input type="checkbox"/> Volunteer <input type="checkbox"/> Unlicensed relative placement <input type="checkbox"/> Other (please explain) _____					
3. Type of requesting organization					
<input type="checkbox"/> Agency Licensed by Indiana Department of Child Services (insert name of agency) _____					
<input type="checkbox"/> Agency Contracted/Subcontracted by Indiana Department of Child Services (insert name of agency) _____					
<input type="checkbox"/> Other (insert name of requestor) _____					
4. Name of contact person for organization			5. Telephone number (include area code)		6. Fax number (include area code)
			()		()
7. Mailing address of organization (number and street, city, state, and ZIP code)				8. E-mail address of requestor	
SECTION B - TO BE COMPLETED BY APPLICANT OR APPLICANT'S REPRESENTATIVE					
I hereby consent to a release of information to the above-named requesting organization regarding any prior child protection service history. I understand that this information is necessary to ensure the safety of children. This authorization is valid for sixty (60) days from the date of consent below.					
9. Signature of applicant or applicant's legal representative		10. Relationship to applicant		11. Date signed (mm/dd/yyyy)	
				12. Gender of applicant <input type="checkbox"/> Male <input type="checkbox"/> Female	
13. Typed or printed name of applicant or applicant's legal representative (as signed in #9)			14. Date of birth of applicant (mm/dd/yyyy)		15. Race of applicant
16. Current residential address of applicant (number and street, city, state, and ZIP code)				17. Last four digits of applicant's Social Security Number (List all numbers ever used.) XXX-XX-XXXX	
18. Please list all Indiana counties in which the applicant has resided, beginning with the most recent or current in 18a and descending to the oldest. Provide the month and year that residency began and ended in each county listed. For special or unusual situations, please explain (use additional paper if necessary).					
County	Year Began	Year Ended	County	Year Began	Year Ended
Example - XYZ County	02/1992	Current	18c.		
18a.			18d.		
18b.			18e.		
19. Has applicant ever used an alias, including different first, middle, or last name or combination of names in lifetime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete 19a through 19e. If no, please stop.					
Please list all aliases applicant ever used. Each listing should indicate type of alias with a label including but not limited to maiden, previous married, hyphenated, shortened first names or use of middle names, change of middle name, nicknames, or pre-adoptive names.					
19a. Maiden name (if ever married) (first, middle, and last name)			19b. Other last name(s)		
19c. Nickname or shortened first name			19d. Pre-adoptive name or other alias name / how used		
19e. Other alias name / how used					
SECTION C - TO BE COMPLETED BY INDIANA DEPARTMENT OF CHILD SERVICES ONLY (Complete questions 20 - 26.)					
20. Has the above-named applicant ever applied for or been licensed as a foster parent in Indiana?			If yes, was there ever any negative action taken on the foster care application or license?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - Minor, Employee, or Volunteer			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If there is history of any negative action, for each negative action provide the type of action and the month and year the action was effective.					
21. Does the above-named applicant have a record of substantiated child abuse or neglect as a perpetrator within Indiana? *					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
* If yes, for each substantiation list the type of case (i.e. neglect, physical abuse and/or sexual abuse), the date of the substantiation approval, and the DCS office that conducted the assessment. All inquiries regarding results must be made directly to the DCS office which completed the investigation. Requests are to be made in writing by the subject of the check or the requesting agency (with appropriate releases) to obtain a copy of the investigation. For the local DCS office contact information, visit www.in.gov/dcs/ and click on Contact Us / Local DCS Offices. If the involvement is the "Central Office," e-mail institutions@dcs.in.gov .					
22. Signature of staff member completing check		23. Title of staff member completing check		24. Date (mm/dd/yyyy)	
25. Printed name of staff member completing check		26. Indiana Department of Child Service office completing check			
		County Local Office			