

# PORTER COUNTY SHERIFF'S OFFICE

## JAIL DIVISION



Application for position of

## JAIL OFFICER

Porter County Sheriff's Office  
**JAIL DIVISION**



# Memorandum

To: JAIL OFFICER APPLICANT  
From: JAIL COMMAND STAFF  
Date: 8/1/2024  
Subject: APPLICATION PACKET

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Dear Applicant,

Please allow this memo to serve as instructions for completing the application process. All applications must be completed and returned to the **Porter County Sheriff's Office**.

The application ***must*** include:

- ~ HAND-PRINTED application
- ~ Copy of your high school or G.E.D. diploma
- ~ Transcripts from all High Schools attended (certified copies)
- ~ Copy of your college or university diploma (if applicable)
- ~ Transcripts from all colleges or universities attended (if applicable)
- ~ Copy of your Military discharge record (DD214, if applicable)
- ~ Copy of your birth certificate
- ~ Copy of valid driver's license
- ~ The signed AUTHORIZATION TO RELEASE INFORMATION form (enclosed)

The above-listed items will not be returned; therefore, submit legible copies.

Upon submitting the application packet, the following steps are required to complete the hiring process:

- a. Pre-Interview with Jail Administration Staff
- b. Background Investigation
- c. Interview with Sheriff
- d. Medical Examination

**\* INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED \***

**NOTE: TO KNOWINGLY FALSIFY OR OMIT INFORMATION ON THE APPLICATION IS  
GROUNDS FOR REJECTION**

# JAIL OFFICER APPLICATION FOR EMPLOYMENT

GENERAL INSTRUCTIONS: Hand print an answer to **EVERY** question. Use black ink only. If a question does not apply to you, state with "N/A". Do **NOT** misstate or omit material facts.

LAST NAME		FIRST NAME		MIDDLE NAME	
STREET ADDRESS			CITY	STATE	ZIP CODE
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HEIGHT	WEIGHT	HAIR COLOR		EYE COLOR
SOCIAL SECURITY NUMBER		DATE OF BIRTH (Mo/Dy/Yr)	PLACE OF BIRTH (City, County, State)		UNITED STATES CITIZENSHIP? <input type="checkbox"/> Yes <input type="checkbox"/> No
LIST ALL NAME CHANGES, NICKNAMES, and ALIASES USED					
TELEPHONE NUMBER		ALTERNATE NUMBER		EMAIL ADDRESS	

**VEHICLE OPERATOR'S LICENSE:** List the following information concerning ANY vehicle operator's license that you have held or currently hold.

TYPE OF LICENSE	LICENSE NUMBER	STATE	EXPIRATION DATE	DRIVING RESTRICTIONS

Have you ever been denied issuance of a motor vehicle license or have you ever had a motor vehicle license suspended or revoked?  Yes     No

If YES, explain: \_\_\_\_\_  
 \_\_\_\_\_

Have you ever had motor vehicle insurance withdrawn or revoked or have you ever been refused motor vehicle insurance?  Yes     No

If YES, explain: \_\_\_\_\_  
 \_\_\_\_\_

**RESIDENCES:** List all residences for the past ten (10) years, beginning with your present address.

DATE FROM	DATE TO	STREET ADDRESS	CITY	STATE

**MILITARY SERVICE:** List information for all military service. Include current Reserve or National Guard obligations.

DATE SERVED FROM	DATE SERVED TO	BRANCH OF SERVICE	MILITARY OCCUPATIONAL SPECIALTY (M.O.S.)	HIGHEST RANK ATTAINED	TYPE OF DISCHARGE

During your military service, were you ever convicted for an offense, which resulted in a trial by deck court or by summary, special or general court-martial?  Yes  No If YES, attach additional sheet(s) describing each incident.

List all military awards and/or decorations received: \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION:** List all elementary, junior high, and high schools attended.

NAME AND LOCATION OF SCHOOL	DATES ATTENDED FROM / TO		GRADUATE?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

**CONTINUED EDUCATION:** List information for all colleges/universities attended.

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	DATES ATTENDED FROM / TO		MAJOR / MINOR COURSE OF STUDY	TYPE OF DEGREE & DATE RECEIVED	CREDIT HOURS COMPLETED

**OTHER SCHOOLS OR TRAINING:** (i.e. Trade, Vocational, Military, etc.) Give for each the name and location of the school, dates attended, subjects studied, certificate attained and any other pertinent information.


**SPECIAL QUALIFICATIONS, SKILLS, LICENSES:** List all special qualifications, skills, or licenses that you possess which are pertinent for the position for which you are applying. Include any foreign languages(s) that you can speak, write, or read fluently.


**EMPLOYMENT:** Start with your most recent employer and list your work history for the past TEN (10) years. Include part-time, temporary, and seasonal employment.

NAME OF EMPLOYER		DATE FROM / DATE TO		JOB TITLE	REASON FOR LEAVING
ADDRESS OF EMPLOYER		SALARY		DESCRIPTION OF DUTIES	
BUSINESS TELEPHONE NUMBER	NAME OF SUPERVISOR				

NAME OF EMPLOYER		DATE FROM / DATE TO		JOB TITLE	REASON FOR LEAVING
ADDRESS OF EMPLOYER		SALARY		DESCRIPTION OF DUTIES	
BUSINESS TELEPHONE NUMBER	NAME OF SUPERVISOR				

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ADDRESS OF EMPLOYER		SALARY		DESCRIPTION OF DUTIES	
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ADDRESS OF EMPLOYER		SALARY		DESCRIPTION OF DUTIES	
BUSINESS TELEPHONE NUMBER	NAME OF SUPERVISOR				

Have you ever been discharged (terminated or fired), asked to resign, furloughed, or put on inactive status for cause or subject to disciplinary action while employed in any position (excluding the military)?  Yes  No

If YES, explain circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever resigned (quit) after being informed that your employer intended to discharge (fire or terminate) you for any reason?  Yes  No

If YES, explain circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ILLEGAL DRUG USE:** List ALL prior illegal drug use within the last three (3) years, and last time used.

DATES USED	TYPE OF DRUG USED	LIST FREQUENCY OF OCCURRENCE(S)

**CONVICTIONS:** List ALL Felony, Misdemeanor, and Traffic convictions.

DATES CONVICTED	LOCATION OCCURRED (City, County, State)	OFFENSE

**REFERENCES:** Do NOT list relatives, former employers, or supervisors. List only character references that have DEFINITE KNOWLEDGE of your qualifications and fitness for the position for which you are applying. List THREE (3) references.

NAME	ADDRESS	TELEPHONE NUMBER	YRS KNOWN

**PAST AND/OR PRESENT ORGANIZATIONS/CLUBS TO WHICH YOU BELONG:**

NAME OF ORGANIZATION	OFFICE HELD	DATE FROM / DATE TO	
LOCATION OF ORGANIZATION	TYPE OF CLUB/ORGANIZATION (SOCIAL, FRATERNAL, PROFESSIONAL, ETC.)		

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LOCATION OF ORGANIZATION	TYPE OF CLUB/ORGANIZATION (SOCIAL, FRATERNAL, PROFESSIONAL, ETC.)		

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LOCATION OF ORGANIZATION	TYPE OF CLUB/ORGANIZATION (SOCIAL, FRATERNAL, PROFESSIONAL, ETC.)		

**HOBBIES, SPORTS, AND/OR PERSONAL INTERESTS:**


**ADDITIONAL INFORMATION:**

Are you now or have you ever been a member of any organization, association, movement, or group that advocates the overthrow of our constitutional form of government?  Yes  No

Are you now or have you ever been affiliated or associated with individuals, INCLUDING relatives, you know or have reason to believe are or have been members of any organization or group identified above?  Yes  No

If YES, explain: \_\_\_\_\_

Do you object to your present employer being interviewed concerning this application?  Yes  No

Have you applied for a position with ANY law enforcement agency in the past three (3) years?  Yes  No

If YES, list the agencies and dates applied: \_\_\_\_\_

I certify that, to the best of my knowledge and belief, all of the information provided by me on this application is true, accurate, and complete and that this application for employment with the PORTER COUNTY SHERIFF'S OFFICE is made in good faith.

I further understand that this information is subject to a background investigation. Additionally, I agree and consent in advance to being summarily discharged (terminated) without cause or hearing if ANY of the above information provided by me contains any misrepresentations of falsifications or if any material information has been omitted.

APPLICANT'S SIGNATURE

DATE

We are an equal opportunity employer, Federal and State laws, and our own Department policy prohibits discrimination of employment on the basis of age, race, national origin, religion, marital status, or handicaps unrelated to job performance. Persons who believe that they were denied employment based on any of these conditions, may file a complaint with our Department and/or Federal or State authorities.





Jeffrey A. Balon  
Sheriff

# Porter County Sheriff's Office

Timothy Manteuffel  
Chief Deputy

## AUTHORIZATION TO RELEASE INFORMATION

I, (printed name) \_\_\_\_\_, hereby authorize any person, agency, partnership, or corporation having information concerning my CRIMINAL RECORD, CREDIT REPORT RECORD, EDUCATIONAL RECORD, MEDICAL RECORD, EMPLOYMENT RECORD, MILITARY RECORD, or SELECTIVE SERVICE RECORD, to release such information to the **PORTER COUNTY SHERIFF'S POLICE DEPARTMENT**. This information will be used in the employment screening process with the **PORTER COUNTY SHERIFF'S POLICE DEPARTMENT** and will not be available for public inspection. I hereby release such person, agency, partnership, or corporation from any liability, which may be incurred in releasing this information to the **PORTER COUNTY SHERIFF'S POLICE DEPARTMENT**, including liability under any Federal Law.

<b>SIGNATURE</b>	<b>TODAY'S DATE</b>
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<b>DATE OF BIRTH</b>
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<b>SOCIAL SECURITY NUMBER</b>
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