



# Basic Employment Requirements

Gibson County Corrections Officer  
Gibson County Communications Officer



## Communications Officer Requirements

1. Be a United States citizen
2. Be willing to reside within Gibson County or an adjoining Indiana county.
3. Possess a valid driver's license from the State of Indiana.
4. Be at least 18 years of age.
5. Pass Indiana First Responder training within the first year of employment or as soon as practical.
6. Have graduated high school or have obtained a G.E.D. Must have official high school transcript mailed directly from the school or copy of the G.E.D. diploma mailed from the facility/agency of completion before the interview with staff members.
7. Hiring process will consist of: interview, background investigation, drug screen, pre-employment physical and psychological exam.
8. Be willing to work rotating or any work schedule including any and all mandatory overtime as assigned by the Gibson County Sheriff or authorized authority.
9. All documents must be notarized before turning in application.

## Corrections Officer Requirements

1. Be a United States citizen
2. Be willing to reside within Gibson County or an adjoining Indiana county.
3. Possess a valid driver's license from the State of Indiana.
4. Be at least 18 years of age.
5. Upon employment attend and pass: ILEA Correctional Officer training, Breath Test certification and Indiana First Responder training within the first year of employment or as soon as practical.
6. Have graduated high school or have obtained a G.E.D. Must have official high school transcript mailed directly from the school or copy of the G.E.D. diploma mailed from the facility/agency of completion before the interview.
7. Hiring process will consist of: written test, physical fitness assessment, background investigation, drug screen, pre-employment physical and a psychological exam.
8. Be willing to work rotating or any work schedule including any and all mandatory overtime as assigned by the Jail Commander or authorized authority.
9. All documents must be notarized before turning in application.

My signature is affixed stating that I meet all the requirements or will meet all the requirements to be a \_\_\_\_\_Gibson County Communications Officer \_\_\_\_\_Gibson County Corrections Officer before employment is offered.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
City \_\_\_\_\_ County \_\_\_\_\_

My commission expires: \_\_\_\_\_

A physical fitness assessment will be conducted for Corrections Officer applicants. The assessment will consist of:

Pushups

Situps (one minute)

300 meter run

½ mile run

Applicants will be expected to achieve their best possible in each.

**This does not apply to Communications Officer applicants.**



# Gibson County Sheriff's Office

Timothy Bottoms, Sheriff  
112 E. Emerson St.  
PRINCETON, IN 47670

**PHONES:**  
Sheriff's Office  
812-385-3496  
FAX  
812-385-2814

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## AUTHORIZATION

I, \_\_\_\_\_, an applicant for the position of \_\_\_\_\_, with the Gibson County Sheriff's Office do hereby authorize the release of information concerning my employment, medical, or financial history as it relates to my application for employment.

I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, and all persons or entities who shall furnish any information or opinions to the officers, agents, or employees of the Gibson County Sheriff's Office who conduct my background investigation.

I understand the results of my background investigation are confidential and not available for my examination for release to any authority, except to authorized Gibson County Sheriff's Office employees and it's Merit Board.

\_\_\_\_\_  
Printed name of applicant

\_\_\_\_\_  
Signature of applicant

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Printed name of Notary Public

(seal)

\_\_\_\_\_  
Signature of Notary Public



# Gibson County Sheriff's Office

Timothy Bottoms, Sheriff  
112 E. Emerson St.  
PRINCETON, IN 47670

**PHONES:**  
Sheriff's Office  
812-385-3496  
FAX  
812-385-2814

## CONFIDENTIAL

Name of applicant: \_\_\_\_\_  
AKA: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Fingerprints: \_\_\_\_\_

The person named above is an applicant for a position with the Gibson County Sheriff's Office as a \_\_\_\_\_, and at one time resided in your jurisdiction

\_\_\_\_\_  
City/County/State

We would greatly appreciate your release to us of any criminal history information maintained in your files on this individual. If you find no record, please check the appropriate response at the bottom and return this inquiry to us. Please attach specific information if the response is yes.

The authorization for release of information is attached as required by law. The information you provide to us will be kept in strict confidence.

We sincerely appreciate your cooperating in providing this information to us as promptly as possible. If we can be of similar service to you at any time, please do not hesitate to contact us.

<b>CRIMINAL HISTORY FILE</b>	
<b>Record of Conviction:</b>	
____ Yes    ____ No	
<b>Record of Arrest:</b>	
____ Yes    ____ No	
Date: _____	Initials: _____

Sincerely,

Timothy Bottoms,

Sheriff of Gibson County

# RELEASE OF LIABILITY

I, \_\_\_\_\_, hereby forever release and discharge the Gibson County Sheriff's Office, it's officers, employees or any person acting on its behalf, from any claims, liability, action for damages, compensation or otherwise known, on account of or arising out of the investigation and disclosure of the requested information.

I further release and discharge all liability from all companies, agencies, officers, and persons providing in good faith pertinent information and/or records as requested to successfully complete a background investigation for application of employment.

I, \_\_\_\_\_, do hereby hold harmless Sheriff Tim Bottoms, the Gibson County Sheriff's Department and members thereof for any and all liabilities which may or may not occur while testing for the position of Corrections or Communications Officer.

I, \_\_\_\_\_, further agree to hold harmless the North Gibson School Corporation and its entities for any and all liabilities which may or may not occur while completing the testing process.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

City \_\_\_\_\_ County \_\_\_\_\_

My commission expires \_\_\_\_\_

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

GIBSON COUNTY SHERIFF'S OFFICE ("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 LLC. 480 W Dussel Dr Suite 100 Maumee, OH 43537 800-772-0130 [www.peoplefacts.com](http://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: \_\_\_\_\_

## 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 GIBSON COUNTY SHERIFF'S OFFICE 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 PeopleFacts LLC. at 480 W Dussel Dr Suite 100 Maumee, OH 43537 800-772-0130 [www.peoplefacts.com](http://www.peoplefacts.com) and/or GIBSON COUNTY SHERIFF'S OFFICE. 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. A 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: \_\_\_\_\_



## ***PRELIMINARY APPLICATION FOR EMPLOYMENT***

### **READ CAREFULLY**

The following instructions are furnished as a guide to assist you in filling out the personal history form. This form must be completed and detailed in all respects. It is the basis for your background investigation, which will be conducted to determine your suitability for employment with the Gibson County Sheriff's Office.

### **ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND ACCURATELY.**

If a question does not apply, enter N/A in the space provided. Falsification or failure to include information directed will be considered just grounds for non-acceptance or termination if already employed. Avoid errors by reading the directions on the form. Make sure your information is correct and in proper sequence before you begin.

### **YOU ARE RESPONSIBLE FOR OBTAINING CORRECT ADDRESSES:**

If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of a local telephone directory.

Whenever a report of an incident is required, be sure that you give all facts pertaining to it. Present the information in such a manner that any person unfamiliar with the situation will be provided with all the details and facts in the order in which they occur. Include the approximate date or times the events took place, and the names of persons or organizations involved.

If there is not sufficient space on the form for you to include all the information required, it should be placed on the back of the sheet on which the question appears.

Remember every item will be checked and must be verified. A careful, accurate, and complete form will help expedite your examination. All answers are to be legible and printed in ink. **DO NOT TYPE YOUR ANSWERS.**





7. Are you a citizen of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. Are you: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_  
Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

If married, in what city and state was it performed? \_\_\_\_\_

Date \_\_\_\_\_

Name of present spouse \_\_\_\_\_ Age \_\_\_\_\_

If separated, divorced, or annulled, provide the necessary information below. List all prior marriages in order of occurrences: (use back of page if necessary)

Name of former spouse: \_\_\_\_\_

First

Middle

Last

City and state in which former marriage was performed: \_\_\_\_\_

Date \_\_\_\_\_

Address of former spouse: \_\_\_\_\_

Phone of former spouse: \_\_\_\_\_

Title of court issuing: \_\_\_\_\_

Date filed: \_\_\_\_\_ Date granted: \_\_\_\_\_

9. What is your e-mail address? \_\_\_\_\_

We may use e-mail to communicate with you about this application, please give an address that you check often.

## REFERENCES

List five persons who know you well enough to provide current and past information about you. Do **NOT** list relatives or former employers.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Years Known \_\_\_\_\_

Email address \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Years Known \_\_\_\_\_

Email address \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Years Known \_\_\_\_\_

Email address \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Years Known \_\_\_\_\_

Email address \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Years Known \_\_\_\_\_

Email address \_\_\_\_\_

## EMPLOYMENT HISTORY

Begin with your present or most recent job and list your last two jobs. List dates in proper sequence. When listing military service, give name and rank of last immediate supervisor.

From \_\_\_\_\_ to \_\_\_\_\_

Employer's name: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's name \_\_\_\_\_

Reason for leaving \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Employer's name: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's name \_\_\_\_\_

Reason for leaving \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Employer's name: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's name \_\_\_\_\_

Reason for leaving \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Employer's name: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's name \_\_\_\_\_

Reason for leaving \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Employer's name: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's name \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Have you ever been discharged or asked to resign from any position of employment? \_\_\_\_\_ If yes, explain in detail giving name of employer.

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What, if any, disciplinary action (formal or informal) has been instituted or administered to you as an employee of any of the above?

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## **RESIDENCE HISTORY**

List all addresses where you have lived during the past ten (10) years. Account for all the time, starting with the most recent address. Do not list your present address. During military, list all addresses off base rather than military quarters. List date by month and year. Use the back of this page if necessary.

From \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

With whom did you reside? \_\_\_\_\_

If rental, give name and address of landlord. \_\_\_\_\_

\_\_\_\_\_  
Email address for landlord \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

With whom did you reside? \_\_\_\_\_

If rental, give name and address of landlord. \_\_\_\_\_

\_\_\_\_\_  
Email address for landlord \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

With whom did you reside? \_\_\_\_\_

If rental, give name and address of landlord. \_\_\_\_\_

\_\_\_\_\_  
Email address for landlord \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

With whom did you reside? \_\_\_\_\_

If rental, give name and address of landlord. \_\_\_\_\_

Email address for landlord \_\_\_\_\_

## MILITARY HISTORY

Have you ever served in the military or naval organization of the United States? \_\_\_\_\_

List all periods of active service in the armed forces of the United States.

Date of Service: From \_\_\_\_\_ to \_\_\_\_\_

Branch of Service \_\_\_\_\_ Unit Designation \_\_\_\_\_

Military Service No. \_\_\_\_\_ Highest Rank Held \_\_\_\_\_

Type of discharge \_\_\_\_\_

If you received a discharge other than honorable, give details. \_\_\_\_\_

Military Service Status: Active \_\_\_\_\_ Inactive \_\_\_\_\_

Branch of Service \_\_\_\_\_ Unit \_\_\_\_\_

Address of Unit \_\_\_\_\_

Commitment date: From \_\_\_\_\_ to \_\_\_\_\_

Are you required to attend a period of active duty annually? \_\_\_\_\_

If yes, how many days? \_\_\_\_\_

Have you ever asked for or received deferment from military service? \_\_\_\_\_

If yes, give draft board number and location, dates, and full details. \_\_\_\_\_

Address of present draft board: \_\_\_\_\_

Draft board number: \_\_\_\_\_

Selective Service number: \_\_\_\_\_ Classification: \_\_\_\_\_

Email address for Military contact \_\_\_\_\_

**EDUCATION**

List all high schools, colleges, universities, trade and business schools attended. Begin with the most recent and continue in sequence.

School	Address	Dates Attended	Graduated?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you attended college, number of credits completed? \_\_\_\_\_  
What was your major? \_\_\_\_\_ What was your minor? \_\_\_\_\_  
Degree? \_\_\_\_\_  
Were you ever suspended or expelled from any school? \_\_\_\_\_  
If yes, explain. \_\_\_\_\_  
\_\_\_\_\_

List any courses or training that you feel have a bearing on your qualifications for the position.  
\_\_\_\_\_  
\_\_\_\_\_

**ORGANIZATION MEMBERSHIP**

Are you now or have you ever been a member of any organization, movement, or group of advocates or approves of acts of force to deny other persons their rights under the constitution of the United States or the State of Indiana by lawful or unconstitutional means? \_\_\_\_\_

If yes, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



List all organizations you now or have belonged to: \_\_\_\_\_

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**ARREST INFORMATION**

Have you ever been arrested, detained by police or summoned into court? \_\_\_\_\_

If yes, complete the following (include juvenile as well as adult occurrences).

Crime Charged	Police Agency (city/state)	Date	Disposition of Case
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Were you ever disciplined while in the military service (include court martials, captains masts, company punishment or other)? \_\_\_\_\_

If yes, complete the following:

Charge	Agency	Date	Age	Disposition
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**TRAFFIC HISTORY**

Do you possess a valid driver's license? \_\_\_\_\_ From what state? \_\_\_\_\_

License number: \_\_\_\_\_ Date: \_\_\_\_\_

Type (operator, chauffeur, etc.): \_\_\_\_\_

Was your license ever suspended or revoked? \_\_\_\_\_

If yes, give date, location and reasons: \_\_\_\_\_

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List all driving citations you have received as an adult or juvenile, excluding parking tickets.

Month/Year	Charge	City/State	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe in brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations.

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**LIQUOR AND NARCOTICS**

Describe in your own words your use of intoxicating liquors. \_\_\_\_\_

\_\_\_\_\_

Have you ever used or tried marijuana, cocaine, or other controlled substances? \_\_\_\_\_

If yes, what were the circumstances? \_\_\_\_\_

\_\_\_\_\_

**MISCELLANEOUS**

If it became necessary in the course of your duties to take a human life, would you have any reluctance due to religious or other beliefs? \_\_\_\_\_

If yes, explain. \_\_\_\_\_

\_\_\_\_\_

Are there any features about police work which would be distasteful to you? \_\_\_\_\_

\_\_\_\_\_

Are you now or have you ever been a party named in a civil suit, judgment, decree or other litigation? \_\_\_\_\_

If yes, explain. \_\_\_\_\_

\_\_\_\_\_

Do you know of anything that would disqualify you for appointment or prevent you from fully discharging official duties of said position? \_\_\_\_\_

If yes, explain. \_\_\_\_\_

\_\_\_\_\_

**POSITION**

What position/s are you applying for? \_\_\_\_\_

What is your main area of interest? \_\_\_\_\_

Why is this area of interest to you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you looking for a full-time or part-time position? \_\_\_\_\_

Date you can start: \_\_\_\_\_

What training or experience do you have that qualifies you for this position? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**VERIFICATION**

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that such misrepresentation, omissions, or falsifications will be grounds for immediate rejection or termination of employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

