



Basic Employment Requirements

Gibson County Sheriff's Office

Gibson County Jail

Gibson County Community Corrections



Communications Officer Requirements

Upon employment you MUST:

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 written exam.
7. Pass a written exam and interview.
8. Be willing to work rotating or any work schedule as assigned by the Gibson County Sheriff or authorized authority.
9. Pass a pre-employment drug screening test, psychological test and physical exam at the expense of the Sheriff's Office.
10. All documents must be notarized before turning in application.
11. Agree to work any and all mandatory overtime assigned to you.

Corrections Officer Requirements

Upon employment you MUST:

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 Correctional Officer training at the Indiana Law Enforcement Academy within the first year of employment or as soon as practical
6. Pass Department of Toxicology Breathalyzer School at the Indiana Law Enforcement Academy within the first year of employment, or as soon as practical.
7. Pass Indiana First Responder training within the first year of employment or as soon as practical.
8. 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 written exam.
9. Pass a written exam, physical agility test and interview.
10. Be willing to work rotating or any work schedule as assigned by the Jail Commander or authorized authority.
11. Pass a pre-employment drug screening test, psychological test and physical exam at the expense of the Sheriff's Office.
12. All documents must be notarized before turning in application.
13. Agree to work any and all mandatory overtime assigned to you.

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_____.

The following physical agility test is for Corrections Officer applicants only. This does not pertain to Communications Officer applicants.

Test	Time Limit
1.5 mile run	17 minutes 30 seconds maximum
Pushups	20 minimum
Situps	22 minimum in one minute
300 meter run	100 seconds maximum



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

Sheriff
Timothy Bottoms

Captains
Deborah Borchelt
Bryan Ellis

Detective Sergeant
Chuck Finnerty

Sergeants
Tim Coomar
Brad Nixon
Bruce Vanover
Roger Ballard

Deputies
Jeff Hill
Anthony Meredith
John Fischer
Uriah Smith
Bryan Small
Dan Goodde
Daniel Groer
Loren Barchett

Part-Time Deputy
Tim Speedy

Secretary
Diana Wilkerson
Jail Secretary
Audrey Morrison
Civil Process Server
Ranea Garnett
E 9-1-1 Coordinator
Chris Ziobell

Matron
Kim Collins

IDACS Coordinator
Lisa Viton

Communications Officers
Becky Beadles
David Brogan
James Griswold
Kayla Wells
Roy Bridges
Leah Wickert
Mike McGregor

Merit Board President
Bruce Adams

Merit Board Secretary
Brenda Peurod

Merit Board
Joe Maxey
James McDonald III
Jon Adams

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.

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



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CONFIDENTIAL

AKA: _____

Name: _____

SSN: _____

Date of Birth: _____

Height: _____ Weight: _____ Fingerprints: _____

The person named above is an applicant for a position in the Gibson County Sheriff's Department 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.

CRIMINAL HISTORY FILE
Record of Conviction:
_____ Yes _____ No
Record of Arrest:
_____ Yes _____ No
Date: _____ Initials: _____

Sincerely,

Tim 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 _____



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.

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

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: _____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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: _____

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.

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 are you applying for? _____

What is your main area of interest? _____

Law Enforcement _____

Corrections _____

Communications _____

Food Services _____

Clerical _____

Reserve Deputy _____

Why is this area of interest to you? _____

Are you looking to obtain a civilian or sworn position? _____

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

Salary requested? _____ 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

