



# 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.**

<b>Test</b>	<b>Time Limit</b>
Pushups	20 minimum
Situps	22 minimum in one minute
300 meter run	100 seconds maximum
½ mile run	6 minutes 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 Ziebell

**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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Brenda Penrod

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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.

<b>CRIMINAL HISTORY FILE</b>
<b>Record of Conviction:</b>
_____ Yes _____ No
<b>Record of Arrest:</b>
_____ 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.

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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. \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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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 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

