



Matthew Tebbe
Sheriff

Tipton County SHERIFF'S OFFICE



Matthew Tebbe
Sheriff

APPLICATION

NAME _____
LAST FIRST MIDDLE MAIDEN
(If Applicable)

PERMANENT ADDRESS _____
STREET OR RURAL ROUTE APT. NO.

CITY COUNTY STATE ZIP CODE

TELEPHONE (Home) _____ (Business) _____
AREA CODE AREA CODE EXT.

CELLULAR PHONE _____ EMAIL _____
AREA CODE

POSITION APPLIED FOR _____

**AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
COMPLYING WITH ALL PROVISIONS OF
THE AMERICANS WITH DISABILITIES ACT**

BASIC ELIGIBILITY REQUIREMENTS

1. Shall possess a valid Indiana driver's license (or obtain one within 60 days of becoming an Indiana resident) and have no more than eight active points.
2. Shall be a US citizen.
3. Shall be at least 21 years of age by date of appointment.
4. Shall be drug-free and have no convictions for operating a motor vehicle under the influence of drugs.
5. Shall not have a conviction for operating a vehicle while intoxicated or operating a vehicle with a blood alcohol content of .08% or above.
6. Shall have no felony convictions.
7. Shall not have been convicted of a crime of domestic violence.
8. Shall not have been dishonorably discharged from the military.
9. Shall be a high school graduate or possess a GED certificate.
10. Shall not have used an illegal drug in the last one (1) year.
11. Shall have Eye Requirement: correctable to 20/50.
12. Shall never have been served with a Protection or No Contact Order.

APPLICATION INSTRUCTIONS

No exception will be made for anyone not meeting all requirements. Complete applications will be kept one full year from the date the selection process ends. After that time, they will be considered inactive and will be destroyed.

The application must be filled completely out by the applicant. It may be typed or printed in black ink.

Answer all questions. If the question does not apply, state: “none” or “does not apply”.

DO NOT enclose original birth certificates.

It is important that you clearly and correctly indicate your mailing address, email address and telephone number(s). In the event of any address or phone number(s) change after filing the application; **it is the applicant’s responsibility to provide notification of said change to us immediately.** Failure to notify the Tipton County Sheriff’s Office **in writing** of any changes of any information provided in this application shall be cause for disqualification from the selection process.

Applications will not be considered unless complete in every respect. Incomplete applications will be cause for disqualification from the selection process. Any misrepresentation of facts on the application will also disqualify the applicant.

Please do not make inquiry regarding the status of your application as you will receive appropriate information concerning your application routinely and in due time.

INCOMPLETE APPLICATIONS WILL BE CAUSE FOR DISQUALIFICATION IF ALL INFORMATION IS NOT COMPLETED AND ALL REQUIRED DOCUMENTS ARE NOT ATTACHED. ANY MISREPRESENTATION OF FACTS ON THE APPLICATION WILL ALSO DISQUALIFY THE APPLICANT.

Scan and Email Completed Application To:

Captain Korey Henderson

khenderson@tiptoncounty.in.gov

Mail Completed Application To:

Tipton County Sheriff’s Office

Attn: Captain Korey D. Henderson

2300 West S.R. 28

Tipton, Indiana 46072

I. INITIAL REQUIREMENT DATA

A. Are you a U.S. Citizen? ____ If no, explain on a separate sheet and attach documentation.

Social Security Number _____
(This number is required for background clearance and payroll information. The application **will not** be processed without it.)

B. Age _____ Date of Birth _____ Sex _____ Race _____
(ATTACH COPY OF BIRTH CERTIFICATE)

C. Have you ever been known by another name or had your name changed? ____ If yes, please explain. _____

II. FAMILY DATA

A. Marital Status: Married _____ Single _____ Divorced _____ Separated _____

B. Spouse's Name (if applicable) _____

C. Dependents (if applicable) _____

NAME	AGE	RELATIONSHIP

D. If divorced, are you legally required to make child support payments? _____

Are you current on child support payments? If no, explain. _____

III. EDUCATION DATA (ATTACH TRANSCRIPTS FOR ALL)

List information for high school and all accredited colleges/universities you have attended. Attach additional sheets if necessary.

Name & Address of School	Course of Study	Number of Hours Completed	GPA on 4.0 Scale	Did you Graduate?	List Diploma or Degree

IV. EMPLOYMENT DATA

- A. Have you ever been discharged or resigned to prevent from being discharged from a position of employment? _____. If yes, please explain fully on a separate sheet.
- B. List chronologically (most recent employment first) **all** past and current employment including part time. (Use additional sheets if necessary).

Name of Employer or Business _____

Your Title _____ Duties _____

Date of Employment From: _____ To: _____
Month Year Month Year

Reason for Leaving _____

Address of Business _____

City _____ State & Zip _____ Phone # _____

Name of Employer or Business _____

Your Title _____ Duties _____

Date of Employment From: _____ To: _____
Month Year Month Year

Reason for Leaving _____

Address of Business _____

City _____ State & Zip _____ Phone # _____

Name of Employer or Business _____

Your Title _____ Duties _____

Date of Employment From: _____ To: _____
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Date of Employment From: _____ To: _____
Month Year Month Year

Reason for Leaving _____

Address of Business _____

City _____ State & Zip _____ Phone # _____

Name of Employer or Business _____

Your Title _____ Duties _____

Date of Employment From: _____ To: _____
Month Year Month Year

Reason for Leaving _____

Address of Business _____

City _____ State & Zip _____ Phone # _____

V. REFERENCES: (Please do not list relatives as references)

Name _____ Telephone _____

Cellular Phone _____ Email Address _____

Address _____

City _____ State _____ Zip Code _____

Name _____ Telephone _____

Cellular Phone _____ Email Address _____

Address _____

City _____ State _____ Zip Code _____

Name _____ Telephone _____

Cellular Phone _____ Email Address _____

Address _____

City _____ State _____ Zip Code _____

Residences During The Last Five Years Other Than Present

STREET	CITY	STATE	DATES	
			From	To

VI. LAW ENFORCEMENT EXPERIENCE

A. Have you ever been employed by a Law Enforcement department? _____

Where did you complete your basic law enforcement certification program? _____

Date law enforcement training was completed. _____

Did you receive a certification upon completion of training? YES _____ NO _____

Length of basic training: Total training hours _____ Weeks of training _____

AGENCY	DATES		RANK	REASON FOR LEAVING
	From	To		

VI. LAW ENFORCEMENT EXPERIENCE (continued)

- B. Are you eligible for re-hire? ____ If no, explain fully on a separate sheet.
- C. List any specialty training you have received. _____

- D. Were you ever disciplined? ____ If yes, explain fully on a separate sheet.
- E. Have you applied with any other law enforcement agencies? If yes, what department and date applied. _____

VII. MILITARY HISTORY AND STATUS

- A. Have you ever served in the military on active duty? (Include initial active duty training with the National Guard and the Reserves). ____ If yes, attach a copy of DD214.

MILITARY BRANCH	DATES		HIGHEST RANK ATTAINED AND RANK AT SEPARATION	TYPE OF DISCHARGE AND REENLISTMENT CODE
	FROM	TO		

- B. Are you eligible to re-enlist? ____ If no, explain fully on a separate sheet.
- C. List any citations and awards received. _____

- D. Were you ever disciplined (court martial, article 15, captain's mast, etc.) while on duty? _____. If yes, explain fully on a separate sheet.

VIII. VEHICLE CRASH AND ARREST RECORDS

- A. Do you currently possess a valid automobile driver's license? ____ Expiration Date ____
License Number _____ State _____
Has your driver's license ever been suspended? ____ If yes, explain. _____

- B. List vehicle crashes in which you have been involved as a driver. Give date(s) and location(s).

DATE	LOCATION	WHAT HAPPENED

VIII. VEHICLE CRASH AND ARREST RECORDS (continued)

C. Have you ever received a ticket for a traffic offense? _____ If yes, describe below:

DATE	LOCATION	CHARGE	FINE OR SENTENCE

D. Have you ever been arrested for a criminal offense? _____ If yes, describe below:

DATE	LOCATION	CHARGE	FINE OR SENTENCE

E. Have you ever been convicted of a felony? _____ If yes, explain on a separate sheet.

F. Have you ever been arrested for an act that would have been a crime had it been committed by an adult? _____ If yes, describe below:

DATE	LOCATION	CHARGE/OFFENSE	DISPOSITION OF CASE

G. Have you ever been or are you currently involved as a plaintiff, defendant, petitioner or Respondent in any civil court action? _____ If yes, explain fully on a separate sheet.

IX. MISCELLANEOUS

A. Do you own your own home? _____ If yes, how much is current mortgage indebtedness? _____

B. What is the amount of your indebtedness, other than home? _____

C. Annual income: Applicant _____ Spouse _____

D. Are you a proprietor or part owner of any business or firm? _____ If yes, describe the nature of the business. _____

Are there any licenses for this/these business(es) in your name, i.e., liquor license? _____

E. Have you ever applied for a permit to carry a handgun? _____

Status: _____

Mount Photograph
In
This space

Photograph to be front view, head and shoulders, 2 1/2” square, and taken within the past six months.
Other photographs are not acceptable.

I certify that:

1. All required items are included with this application
 - A. Birth Certificate (**copy only**)
 - B. GED/High School and College Transcripts (Grade Reports are not accepted)
 - C. Military – DD214 (if veteran), DD217 (if active duty)
 - If active military, letter of endorsement from military commander
 - Any supporting letters of commendations from military personnel file
 - Copies of specialized training certificates and awards
 - D. Previous Law Enforcement Documentation
 - Copy of law enforcement academy certificate
 - Copies of commendations, specialized training certificates, and awards
 - E. Photograph – 2 1/2” x 2 1/2” head and shoulders
 - F. Copy of valid driver’s license
2. I have personally completed this application.

I swear or affirm under penalty of perjury that all information contained in this application is true and accurate to the best of my knowledge.

Signature _____

Printed Name _____

Date _____

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- AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER -
Complying with all provisions of the Americans with Disabilities Act

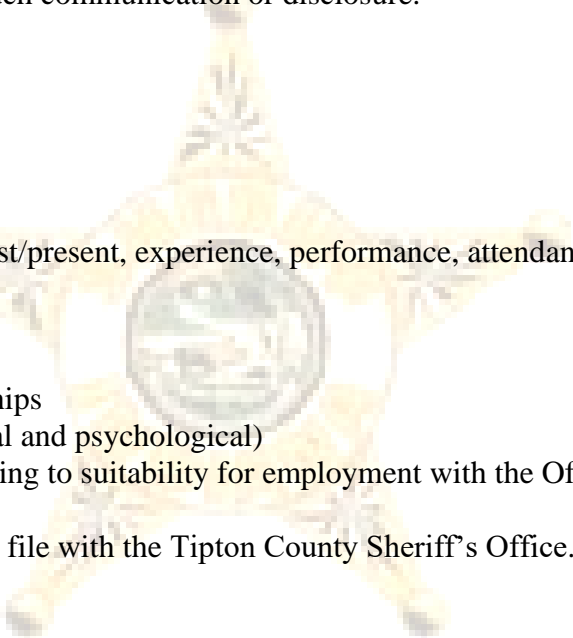
AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize and request all persons to whom this request (original or reproduction) is presented, having information relating to or concerning me, to furnish such information to duly appointed officers of the Tipton County Sheriff's Office.

I am aware that this information may be of a personal nature and may otherwise be protected from disclosure by my constitutional, statutory, or common law privileges. I hereby expressly waive all privileges which may attach to such communication or disclosure.

Information to be disclosed:

Personal History



- Educational Records
- Employment Records (past/present, experience, performance, attendance, etc.)
- Military Service Records
- Financial Records
- Criminal History Records
- Organizational Memberships
- Medical Records (physical and psychological)
- Other information pertaining to suitability for employment with the Office.

These records will be retained on file with the Tipton County Sheriff's Office.

AUTHORIZATION TO RELEASE INFORMATION

PLEASE PRINT NAME: _____

SIGNATURE: _____

DATE: _____

THIS AUTHORIZATION IS VALID FOR ONE YEAR FROM DATE OF SIGNATURE

STATE OF INDIANA, _____, ss:
County

Before me, the undersigned, a Notary Public in and for said County and State,

this _____ day of _____, 20____, personally appeared

_____ and acknowledged to release information.

Witness my hand and Notary Seal.

Notary Public (SEAL)

My Commission Expires: _____