Basic requirements to be a Gibson County Deputy Sheriff:

You MUST be, upon employment:

- 1. A United States citizen
- 2. Willing to work rotating or any work schedule as assigned by the Sheriff or authorized authority. At times there is mandatory overtime, and you must be willing to work mandatory overtime.
- 3. Possess a valid driver's license from the State of Indiana.
- 4. Eyesight: 20/100 correctable to 20/20, Must provide a statement of vision by a licensed Optometrist to be sent to the Sheriff's Office. Exam cannot be older than one year from the date of application.
- 5. At least 21 years of age.
- 6. Attend and successfully complete a pre-basic course held at the Gibson County Sheriff's Office or other location as required.
- 7. Attend and successfully complete the 15 week Indiana Law Enforcement Academy Basic course for Law Enforcement Officers.
- 8. While college or military is not a requirement, preference will be given in the following order: A war veteran who has been honorably discharged from the United States Armed Forces. A person whose mother or father was a firefighter or of a unit; municipal police officer; or county police officer; who died in the line of duty (as defined by IC 5-10-10-2). 120 hours completed college; 60 hours completed college.
- 9. Must provide, by mail, an official high school and college transcript. Transcript must be sent direct from the high school or college to the Gibson County Sheriff's Office. Transcript must be received by the Sheriff's Office at least two weeks before the written test date.
- 10. My signature is affixed that I meet all the requirements or will before employment is offered. Return to Gibson County Sheriff's Office Attn: Sheriff Bruce Vanoven, 112 E. Emerson Street, Princeton, IN 47670
- 11. Failure to comply with any requirement and application will be disallowed.

ALL PAGES REQUIRING NOTARIZATION, MUST BE NOTARIZED BEFORE RETURNING THIS APPLICATION TO THE SHERIFF'S OFFICE.

Applicant's Signature_____

Signed before me this _____ day of _____, 20____.

My commission expires _____

Notary Public

GIBSON COUNTY SHERIFF'S OFFICE

I, ______, do hereby agree to hold harmless Sheriff Bruce Vanoven, the Gibson County Sheriff's Office, Gibson County Merit Board and members thereof for any and all liabilities which may or may not occur while testing for the position of Probationary Deputy Sheriff.

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 _____

Physical test requirements:

Test	Time Limit
1.5 mile run	16 minutes 28 seconds maximum
Vertical jump	16 inches minimum
Maximum pushups	25 minimum – follow protocol
One minute of situps	29 minimum – follow protocol
300 meter run	71 seconds maximum

Pre-employment requirements:

Submit to and pass a physical exam indicating fitness for duty. Will be scheduled and paid for by G.C.S.O.

Submit to and pass a drug screen.

Submit to and pass a psychological evaluation indicating fitness for duty. Will be scheduled and paid for by G.C.S.O.

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 good faith, pertinent information and/or records as requested to successfully complete a background investigation for application of employment.

Date

Signature of Applicant

Signed and sworn to before me this _____ day of _____, 20____.

Notary Public

City_____ County _____

My commission expires _____



Gibson County Sheriff's Office

Bruce Vanoven, Sheriff 112 E. Emerson St. PRINCETON, IN 47670

PHONES: Sheriff's Office 812-385-3496 Fax 812-385-2814

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:_____

Notary Public – printed name

(Seal)

Notary Public Signature Revised 5/12/2023 – Page 5



Gibson County Sheriff's Office

Bruce Vanoven, Sheriff 112 E. Emerson St. PRINCETON, IN 47670

PHONES: Sheriff's Office 812-385-3496 Fax 812-385-2814

CONFIDENTIAL

A.K.A.:			
Name:			
SSN:			
Date of birth:			
Height:	Weight:	_ Fingerprints:	

The person named above is an applicant for a position in 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.

CRIMINAL HISTORY FILE Record of Conviction:	Sincerely,
YesNo	
Record of Arrest:	Bruce Vanoven,
YesNo	Sheriff
Date: Initials:	
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PRELIMINARY APPLICATION FOR EMPLOYMENT

<u>READ CAREFULLY</u>

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.**

GIBSON COUNTY SHERIFF'S OFFICE PERSONAL HISTORY FORM

(To be printed in ink -- not typed -- answer every question)

				Date Su	ubmitted	
EF	SONAL					
	Your name:					
	First		Middle		La	
	Social Security Number	:	N	laiden Name	:	
	Give any other name yo	ou have used of	r have been	known by an	d state reas	son for such
	Your weight:	_lbs. Height	:	Hair color:		Age:
	Sex:					
	Your address:					
	Number	Street	City		State	Zip
	Home Phone No.:		Busine	ss Phone No	.:	
	With whom do you resi	de?				
	When were you born? _					
		Month				
	Where were you born?					
		County	C	ty	State	

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Are you a ci	tizen of the Unit	ted States?	Yes	No
Are you:	Single	Married	Separated	
Divorced	Widowe	ed		
If married, in	n what city and s	state was it perform	med?	
Date				
Name of pre	sent spouse			Age
		nulled, provide the ack of page if nece		on below. List all prior marriage
Name of for	mer spouse:			
		First	Middle	Last
Address of f Phone of for	mer spouse:			
Date filed: _		Date gra	nted:	
What is you	r e-mail address	?		
We may use check often.		unicate with you	about this application	n, please give an address that you
Do you use	Social Media we	ebsites? If so, whi	ch websites and what	t are your usernames?
Have you ev	er applied for er	nployment with a		ent agency? If so, which agency
when?				

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:
	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 five jobs. List dates in proper sequence. When listing military service, give name and rank of last immediate supervisor.

From	to
Employer's name:	
Phone Number	
Email address	
Duties	
Supervisor's name	
Reason for leaving	
From	to
Phone Number	
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		 	

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.

omto
dress:
th whom did you reside?
ental, give name and address of landlord.
nail address of landlord
omto
dress:
th whom did you reside?
ental, give name and address of landlord.
nail address of landlord

From to	
Address:	
With whom did you reside? _	
	ess of landlord.
Email address of landlord	
P. (
From to	
II rental, give name and addre	ess of landlord
Email address of landlord	
MILITARY HISTORY	
Have you ever served in the n	nilitary or naval organization of the United States?
List all periods of active servi	ice 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 ot	her than honorable, give details.
Military Service Status: Activ	ve Inactive
	Unit
	to
	period of active duty annually?
If yes, how many days?	
Have you ever asked for or re	ceived deferment from military service?
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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 of Military contact				

EDUCATION

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

	Dates Attended	Graduated?
If you attended college, number	r of credits completed?	
	What was your minor?	
Degree?		
Were you ever suspended or ex	pelled from any school?	

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 organizatio	ons vou now or h	nave belonged to:		
		<u> </u>		
ARREST INFO	RMATION			
Have you ever bee	n arrested, detai	ned by police or s	ummoned into cour	rt?
If yes, complete th	e following (inc	lude juvenile as w	ell as adult occurre	ences).
Crime Charged	Police Age (city/state	-	Date	Disposition of Case
Were you ever dise punishment or othe		n the military servi	ce (include court n	nartials, captains masts, compa
If yes, complete th	e following:			
Charge	Agency	Date	Age	Disposition

TRAFFIC HISTORY

Do you possess a val	lid driver's license?	From w	hat state?		
License number:]	Date:			
Type (operator, chau	Iffeur, etc.):				
	er suspended or revol				
If yes, give date, loc	ation and reasons:				-
					-
					-
List all driving citati	ons you have receive	d as an adult or juve	nile, excluding p	parking tickets.	
Month/Year	Charge	City/Sta	te	Disposition	
					-
					-
					-
Describe in brief nar locations.	rative any traffic acc	idents in which you l	nave been involv	ved, giving approxim	mate dates and
					-

LIQUOR AND NARCOTICS

Describe in your own words your use of intoxicating liquors.

MISCELLANEOUS

If it became necessary in t	he 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			
Clerical			
Why is this area of interest to you?			
Are you looking to obtain a civilian o	or sworn position?		
Are you looking for a full-time or par	rt-time position?		
ary requested? Date you can start:			
What training or experience do you h	nave 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.

Date

