

17. **EDUCATION:** (Circle the number indicating the length of time spent in each school)

(A) TYPE	YEARS IN SCHOOL	NAME AND LOCATION	DATE: FROM TO	DATE OF GRADUATION	DEGREE
Elementary School	5 6 7 8				
High School	1 2 3 4				
	1 2 3 4				
	1 2 3 4				
College	1 2 3 4				
	1 2 3 4				
	1 2 3 4				
Post-Graduate Course	1 2 3 4				
	1 2 3 4				
	1 2 3 4				
Professional	1 2 3 4				
	1 2 3 4				
	1 2 3 4				
Business or Vocational	1 2 3 4				
	1 2 3 4				
	1 2 3 4				

(B) Outline additional training you may have received in a correspondence, night, summer, or other special school, or apprenticeship training for a particular trade or profession. Give the name of the school or firm, its location, the courses taken, and the length of time spent.

18. Give the names of courses in your educational training which pertain to the position for which you are applying:

19. Mention scholastic honors and affiliations with professional societies: _____

20. State any special qualifications (knowledge of law, mechanical arts, reading, writing, or speaking knowledge of foreign languages, etc.) not brought out by the preceding questions:

25. Have you ever filed an application with this department? _____

If so, indicate the last position and the date: _____

26. Are you now employed by the State? _____

If so, indicate your title, department, salary, and if temporary, the date your appointment expires:

27. If appointed, how soon could you report for work? _____

28. Would you accept temporary work? _____

29. Have you ever been arrested, indicted, or convicted for violation of any law other than minor traffic regulations?

30. If so, state the particulars in detail: _____

31. All applicants must sign the following certificate:

I hereby certify that there are no willful misrepresentations in and falsifications of the above statements and answers to questions. I am aware that should investigation disclose such misrepresentations and falsifications, my application will be rejected and I will be disqualified from applying in the future for any position under the jurisdiction of the Civil Service Commission for Wood County.

Signature of Applicant

Date

Wood County Sheriff's Department

Basic Law Enforcement
Investigation Waiver

To: The Wood County Sheriff's Department

I, _____, do hereby authorize the release of any information regarding a criminal history record with any law enforcement agency on file in my name as shown on my application for employment with the Wood County Sheriff's Department.

I also understand and hereby give my authorization to the Wood County Sheriff's Department to perform a credit check as well as a personnel check through previous employers.

I understand that the above information shall be held strictly confidential but will be used in the evaluation of whether I will be accepted for employment.

Signature of Applicant

Date: _____

Date of Birth: _____

Social Security Number: _____ - _____ - _____

Operator's License Number: _____