



# OFFICE OF THE SHERIFF

## BRADLEY D. ROGERS, SHERIFF



### S E R V I N G   E L K H A R T   C O U N T Y

#### EMPLOYMENT STATEMENT AND AUTHORIZATION FOR RELEASE

The Elkhart County Sheriff's Department (ECSD) retains the right to hire the person who appears to best fit its needs at this time. If, at any time during the employment process, you are no longer being considered for the position you will be notified in writing within 30 days of the decision. There will not be an explanation as to what factors went into this decision unless specifically required by law.

The background information supplied by an applicant for a position opening will be checked by the ECSD to ensure the accuracy of the data furnished. ECSD investigators will examine the personal character and reputation, credit record, driving and criminal history, and the past job performance record of the candidate. The candidate's home will be visited during this process. A polygraph (lie detector) examination and a drug screen are required for all persons prior to being hired at the ECSD.

1. I hereby authorize representatives of the ECSD to contact any and all schools, Armed (military) Services, present and previous employers, law enforcement agencies, credit information agencies, neighbors, friends, relatives, personal references, or any person or organization/agency to furnish to the ECSD or its designated agent, any and all information, opinions, or documents which may be requested; to allow the visual inspection and copy of all reports, transcripts, certificates, photographs, qualifying credentials, or other documents; to authorize the ECSD to make such investigations and inquiries as may be necessary in arriving at an employment decision.
  
2. I hereby release employers, schools, agencies/organizations, or any person from all liability in responding to inquiries in connection with my application for employment. Furthermore, I waive any objection to the release of said information and grant to the ECSD, or its designated agents, any right I may have to said information.
  
3. My answers given to any ECSD representatives are true and complete to the best of my knowledge. I understand that any misrepresentation, significant misstatements or omissions later discovered in my application form or during the employment process may prevent me from being hired or, in the event of employment, may be cause for my dismissal from the ECSD. I acknowledge that I have read and understand this information and desire to continue in the employment process.

\_\_\_\_\_  
Candidate's Signature-Full Name

\_\_\_\_\_  
Printed Full Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Today's Date

LAW ENFORCEMENT CENTER 26861 CR 26, ELKHART, IN 46517 PHONE: (574) 891-2300

[WWW.ELKHARTCOUNTYSHERIFF.COM](http://WWW.ELKHARTCOUNTYSHERIFF.COM)