



## **SHERIFF OSCAR MARTINEZ**

Thank you for your interest with the Lake County Sheriff's Department,  
**Corrections Division.**

When filling out this application, please be sure to fill out all sections in their entirety. Elimination of required information will result in rejection of your application. Please be sure to include all required documentation, which is listed on page one of the application. Also, when returning applications, be sure to return the ENTIRE application!

**Applications may be submitted at the front desk of the J-2 building in person or by mail:**

**Lake County Sheriff's Department**  
**ATTN: J-2 BUILDING/ATTN: LAUREN N CHAMBERS**  
**2293 North Main Street**  
**Crown Point, Indiana 46307**

AN EQUAL OPPORTUNITY EMPLOYER

The Lake County Sheriff's Department will notify you when the hiring process will take place. It is your responsibility to update your personal information, should you have a change of address or phone number.

Please provide your contact information below and provide the information for that means of contact.

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

**EMPLOYMENT REQUIREMENTS FOR THE POSITION OF CORRECTIONAL OFFICER:**

1. MUST BE A UNITED STATES CITIZEN
2. MUST BE AT LEAST 21 YEARS OF AGE.
3. MUST HAVE A HIGH SCHOOL DIPLOMA OR G.E.D. EQUIVALENT
4. **MUST HAVE NO FELONY CONVICTIONS!**
5. MUST PASS A WRITTEN ENTRY LEVEL EXAM
6. MUST PASS ORAL INTERVIEW
7. MUST PASS A **POLYGRAPH**/ PSYCHOLOGICAL/ PHYSICAL EXAM  
(PAID FOR BY THE LAKE COUNTY SHERIFF'S DEPARTMENT)
8. MUST BE ABLE TO PASS A BASIC PHYSICAL AGILITY TEST
9. MUST PASS A HAIR STRAND DRUG TEST
10. MUST BE AVAILABLE TO WORK **ANY SHIFT**

**GENERAL INFORMATION:**

1. YEARLY SALARY FOR PROBATIONARY CORRECTIONS OFFICER:  
**(2022- \$48,270) (2023- \$50,201) (2024- \$52,209) (2025- \$54,297)**
2. MEDICAL/ DENTAL/ VISION BENEFITS AFTER 90 DAYS
3. UNIFORMS PROVIDED/ UNIFORM ALLOWANCE ISSUED BI-ANNUALLY
4. LONGEVITY AND PROFICIENCY FINANCIAL INCENTIVES
5. PAID HOLIDAYS/ PAID SICK DAYS/ PAID VACATIONS AFTER 6 MONTHS
6. PAID TRAINING
7. PROMOTIONAL ADVANCEMENT POSSIBLE
8. OVERTIME AVAILABLE
9. COMPENSETORY TIME AVAILABLE
10. OPTIONAL UNION MEMBERSHIP

**PLEASE NOTE: APPLICATIONS WILL BE KEPT ON FILE FOR A PERIOD OF TWO YEARS**



**I: INITIAL REQUIREMENTS DATA**

- A. Are you a U.S. citizen? \_\_\_\_\_ Native \_\_\_\_\_ Naturalization # \_\_\_\_\_  
B. Your age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
**\*YOU MUST ATTACH A COPY OF YOUR BIRTH CERTIFICATE TO THIS APPLICATION**  
C. Sex \_\_\_\_\_ Social Security Number \_\_\_\_\_  
D. Height (without shoes) \_\_\_\_\_ feet \_\_\_\_\_ inches Color of hair \_\_\_\_\_  
E. Weight (stripped) \_\_\_\_\_ lbs. Color of eyes \_\_\_\_\_  
F. Scars/ Marks/ Tattoos \_\_\_\_\_

- G. Are you a regular graduate of an accredited high school? \_\_\_\_\_  
H. If no, have you been issued an equivalency diploma from an accredited high school? \_\_\_\_\_  
I. Do you currently possess a valid automobile driving license? \_\_\_\_\_  
License # \_\_\_\_\_ Type of License \_\_\_\_\_ State \_\_\_\_\_  
**\* YOU MUST ATTACH A COPY OF YOUR DRIVERS LICENSE TO THIS APPLICATION**  
J. Is your license restricted? \_\_\_\_\_ If yes, for what reason? \_\_\_\_\_  
K. Number of years driving experience \_\_\_\_\_  
L. Present Automobile Insurance Company \_\_\_\_\_

**II: FAMILY DATA**

- A. Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Widower \_\_\_\_\_ Divorced \_\_\_\_\_  
Separated \_\_\_\_\_ Engaged \_\_\_\_\_  
Name of Spouse (maiden name) \_\_\_\_\_  
Address \_\_\_\_\_  
Place of employment \_\_\_\_\_  
Name of Fiancé (if applicable) \_\_\_\_\_  
Address \_\_\_\_\_

**B. Dependents**

NAME	AGE	RELATIONSHIP

**C. Father (full name) Mother (maiden name) Present address (if living)**

- \_\_\_\_\_
- List all brothers/ sisters including address(es) if living (list on back if necessary)**
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**III: EDUCATION DATA**

High School \_\_\_\_\_

Address \_\_\_\_\_

Course of Study \_\_\_\_\_

Did you graduate? \_\_\_\_\_ DIPLOMA \_\_\_\_\_ G.E.D. \_\_\_\_\_ YEAR GRADUATED \_\_\_\_\_

**\* YOU MUST ATTACH A COPY OF DIPLOMA/ G.E.D. AND TRANSCRIPTS**

College \_\_\_\_\_

Address \_\_\_\_\_

Course of Study \_\_\_\_\_

Did you graduate? \_\_\_\_\_ DEGREE IN \_\_\_\_\_ or highest year completed \_\_\_\_\_

(List other colleges on back, if applicable)

**\* YOU MUST ATTACH A COPY OF DEGREE AND TRANSCRIPTS**

Other (specify) \_\_\_\_\_

Address \_\_\_\_\_

Course of Study \_\_\_\_\_

Did you graduate? \_\_\_\_\_ DEGREE/ CERTIFICATION IN \_\_\_\_\_

**\* YOU MUST ATTACH COPIES OF ANY APPLICABLE CERTIFICATES**

(List other schools on back, if necessary)

Can you read, speak, understand or write a foreign language?

Language \_\_\_\_\_ Read \_\_\_\_\_ Speak \_\_\_\_\_ Understand \_\_\_\_\_ Write \_\_\_\_\_

Approximate number of words per minute you can type \_\_\_\_\_

**IV: MILITARY HISTORY AND STATUS**

Have you ever served in the U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

**MILITARY HISTORY:**

Organization	Dates of Service From/ To	Rank or Grade	Type of Discharge
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**\* YOU MUST ATTACH COPY OF DD214 FORM**

Military Citations or other awards received:

Are you now a member of an organized Reserve or National Guard Unit? \_\_\_\_\_

If yes, give your rank and location of unit to which you are assigned: \_\_\_\_\_

While in the military service, were you ever arrested for an offense which resulted in a trial by deck court or by summary, special or general court martial? Yes \_\_\_\_\_ No \_\_\_\_\_

**V: EMPLOYMENT DATA (BEGINNING WITH MOST RECENT)**

**\*RECORD YOUR EMPLOYMENT HISTORY AFTER HIGH SCHOOL GRADUATION**  
**\*EMPLOYERS TELEPHONE NUMBERS **MUST BE INCLUDED** ON APPLICATION**  
**\*IF YOU HAVE **EVER** BEEN DISCHARGED FROM A POSITION OF EMPLOYMENT, EXPLAIN FULLY ON THE BACK SIDE OF THIS PAGE**  
**\*IF YOU HAVE **EVER** BEEN ASKED TO RESIGN FROM A FORMER EMPLOYER IN LIEU OF BEING TERMINATED, EXPLAIN FULLY ON THE BACK OF THIS PAGE**

EMPLOYER: \_\_\_\_\_ PHONE & FAX # ( ) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ POSITION HELD: \_\_\_\_\_  
ANNUAL SALARY: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE & FAX # ( ) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ POSITION HELD: \_\_\_\_\_  
ANNUAL SALARY: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE & FAX # ( ) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ POSITION HELD: \_\_\_\_\_  
ANNUAL SALARY: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE & FAX # ( ) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ POSITION HELD: \_\_\_\_\_  
ANNUAL SALARY: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE & FAX # ( ) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ POSITION HELD: \_\_\_\_\_  
ANNUAL SALARY: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE & FAX # ( ) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ POSITION HELD: \_\_\_\_\_  
ANNUAL SALARY: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE & FAX # ( ) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ POSITION HELD: \_\_\_\_\_  
ANNUAL SALARY: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

Are you currently being considered for employment with another law enforcement agency: YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, please provide the name and address of the department for which you have applied:

APPLICANT'S FULL NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**VI: REFERENCES** (DO NOT LIST RELATIVES AS REFERENCES)

NAME _____	TELEPHONE # ( ) _____
STREET _____	CITY _____ STATE _____
NAME _____	TELEPHONE # ( ) _____
STREET _____	CITY _____ STATE _____
NAME _____	TELEPHONE # ( ) _____
STREET _____	CITY _____ STATE _____
NAME _____	TELEPHONE # ( ) _____
STREET _____	CITY _____ STATE _____

**VII: RESIDENCES** (LIST LAST FIVE YEARS OTHER THAN PRESENT ADDRESS)

STREET	CITY	STATE

**VIII: ARREST AND DETENTION**

Have you ever been arrested/ detained by a law enforcement agency? If yes, list:

DATE	LOCATION	WHAT HAPPENED
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List vehicle accidents in which you have been involved as a driver:

DATE	LOCATION	WHAT HAPPENED
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Have you ever been arrested for or received a ticket for a traffic offense? \_\_\_\_\_

DATE	LOCATION	CHARGE	FINE OR SENTENCE
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HAVE YOU EVER BEEN ARRESTED FOR A CRIMINAL OFFENSE? If yes, describe: \_\_\_\_\_

DATE	LOCATION	CHARGE	CASE DISPOSITION
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Have you ever been fingerprinted for any reason (arrest/ job application/ etc.)? \_\_\_\_\_  
If yes, give details below:

**IX: HEALTH AND PHYSICAL STATUS**

Have you visited or received treatment from a physician or other practitioner during the past three years? \_\_\_\_\_ If yes, explain and give reason: \_\_\_\_\_

Do you have any specific work limitations as a result of a mental or physical issue? \_\_\_\_\_ If yes, explain and give reason: \_\_\_\_\_

Have you ever been examined or treated for a mental disorder? Yes \_\_\_\_\_ No \_\_\_\_\_

**X: MISCELLANEOUS**

List past or present membership in all clubs and organizations (political, fraternal, social, etc.)

List special skills you have developed through hobbies, education, occupation, or other special interests: \_\_\_\_\_

Do you own your home? \_\_\_\_\_ If yes, how much is your current mortgage? \_\_\_\_\_

What is the amount of your indebtedness, other than home? \_\_\_\_\_

Are you a proprietor or part owner of any business or firm? \_\_\_\_\_

If yes, describe the nature of your business: \_\_\_\_\_

Have you ever applied for a position with any other governmental agency? \_\_\_\_\_

If yes, give details: \_\_\_\_\_

1. Have you used marijuana/THC product in any form within the last **6 months**? \_\_\_\_\_

2. Have you **ever** sold marijuana/THC product in any form? \_\_\_\_\_

3. Have you **ever** used any habit-forming drugs **without** a doctor's prescription? \_\_\_\_\_

If yes, explain fully: \_\_\_\_\_

4. Have you **ever** used or sold any illegal drug (other than marijuana)? \_\_\_\_\_

If yes to any of the above three (3) questions, explain, giving dates of last use/ sale and/or how long you used/ sold: \_\_\_\_\_

Do you drink alcoholic beverages? \_\_\_\_\_ If yes, how often? \_\_\_\_\_

Are you now or have you ever been a member of any organization, association, movement, group or combination of persons which advocates the overthrow of our Constitutional form of government, or which has adopted the policy of advocating/ approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means?

**If yes, explain on back of page:**

**FORM OF CONSENT**

**THIS FORM MUST BE SIGNED AND TURNED IN WITH APPLICATION**

**To Whom It May Concern:**

**I am an applicant for employment as a Correctional Officer with the Lake County Sheriff's Department.**

**I respectfully request that you forward to their investigators any and all information that you may have concerning me, my employment record, or my reputation. Also, please release any information that may appear in my personnel file. This information is to be used to determine my qualifications and fitness for the position I am seeking.**

**I hereby release you and/ or your employer from any liability and damage of whatsoever nature as a result of furnishing the information requested above.**

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**Candidate's Signature**

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**Candidate's Printed Name**

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**Date**

**FORM OF CONSENT**

**THIS FORM MUST BE SIGNED AND TURNED IN WITH APPLICATION**

**To Whom It May Concern:**

**I, \_\_\_\_\_, do hereby give the Lake County Sheriff's Department or its representative, permission to check into my credit status. I understand this is being done due to my application for employment with the Lake County Sheriff's Department. Such information will be kept confidential, and I acknowledge that this is being done with my consent and full knowledge.**

\_\_\_\_\_  
**Candidate's Signature**

\_\_\_\_\_  
**Candidate's Printed Name**

\_\_\_\_\_  
**Date**

**ACKNOWLEDGEMENT AND CONSENT**  
**THIS FORM MUST BE SIGNED AND TURNED IN WITH APPLICATION**

**I, the undersigned, do hereby agree and consent to appear, upon a 24-hour advance notice, for a physical examination at a location to be designated by the Lake County Sheriff's Department - Corrections Division. I hereby acknowledge that I am aware that said physical examination will include a hair strand drug test.**

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**Candidate's Signature**

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**Candidate's Printed Name**

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**Date**

**PHYSICAL AGILITY TEST AND ASSUMPTION OF RISK WAIVER**  
**THIS FORM MUST BE SIGNED AND TURNED IN WITH APPLICATION**

The physical agility testing offered by the Lake County Sheriff's Department, for the position of Correctional Officer, has been designed and established to provide for physical requirements that may arise during employment as a Lake County Correctional Officer. The undersigned participant acknowledges the existence of risk and agrees to accept responsibility for any and all injuries sustained by the participant during the completion of the exercises listed below. More specifically, the participant acknowledges and accepts responsibility for any injury arising from the following listed activities:

Stage 1: Sit-Ups (12 Reps performed in 1 set)

Stage 2: Stair Run (No Time Restraints)

Stage 3: Push-Ups (12 Reps Performed in 1 Set)

Stage 4: Sprint (No Time Restraints)

Stage 5: Get-Ups (12 Reps performed in 1 set)

Individual will begin in a standing position, individual will then laydown on their back, and then go to the standing position. This will be performed 12 times without time restraints.

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**Candidate's Signature**

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**Candidate's Printed Name**

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**Date**