

18 LOCUST ST
GALLIPOLIS, OH 45631
PHONE: (740) 446-1221
FAX (740) 441-4804



GALLIA COUNTY SHERIFF'S OFFICE

SHERIFF MATT CHAMPLIN



galliasheriff.org

Applicant Questionnaire

Name: _____ DOB: _____ Age: _____

Current Address: _____

City State Zip

How long have you lived there: _____ Do you own or rent: _____ / Other _____

Previous Address: _____

City State Zip

How long did you live there: _____ Reason for moving: _____

1. Have you ever been an employee of Gallia County or the Gallia County Sheriff's Office in the past? Yes No

Explain: _____

2. If you have been an employee of Gallia County or the Gallia County Sheriff's Office in the past, please explain in what capacity did you serve (Department / Position) and the circumstances in which you left your employment: _____

3. Do you have a valid Ohio Driver's License? Yes No

4. List any moving violations the you have been charged with (not just convicted of) in the past 10 years:

a. Date _____ Charge _____ Convicted Yes / No Fine _____

b. Date _____ Charge _____ Convicted Yes / No Fine _____

c. Date _____ Charge _____ Convicted Yes / No Fine _____

d. Date _____ Charge _____ Convicted Yes / No Fine _____

e. Date _____ Charge _____ Convicted Yes / No Fine _____

f.

5. Have you ever been charged with and or convicted of a felony: Yes / No

6. If you have been charged with a felony in the past, list the charge(s):

a. Date _____ Charge _____ Convicted Yes / No Fine _____

b. Date _____ Charge _____ Convicted Yes / No Fine _____

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7. Have you ever been incarcerated (Placed in Jail) before: Yes No
8. Have you ever worked for a law enforcement agency before: Yes No
9. If you have worked for a law enforcement agency, please list the department and your position: Dept. Name _____ State _____
Date(s) Hired _____ Date(s) Left _____ Position _____
Reason left _____
10. If you have been incarcerated, what was the reason: _____
11. Have you ever been involved in a traffic crash, as a driver: Yes No
Explain: _____
12. Do you hold a current Ohio Police Officer Training Council Police Officer / Corrections Officer Certificate: Yes / No Explain: _____
13. If you do hold a Police Officer / Corrections Certificate, are you current with your CPTs (Training): Yes / No Explain: _____
14. Have you ever filed for bankruptcy: Yes / No Explain: _____

15. Are you available and willing to work weekends and or rotating work shifts: Yes No
16. Would you prefer full-time or part-time position: _____
17. Do you hold any special certificates / training that would benefit you in the position that you are applying for:
 - a. Type of Training _____
 - b. Type of Training _____
 - c. Type of Training _____
 - d. Type of Training _____

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18. Why do you want to join our team here at the Gallia County Sheriff's Office:

- a. Explain: _____

19. Do we have your permission to contact the following about your work history:

- a. Former employer & co-workers: Yes No
b. References Provided or Acquaintances: Yes No
c. Friends & Neighbors: Yes No
d. Financial Institutions: Yes No