

LORAIN COUNTY SHERIFF'S OFFICE EMPLOYEE APPLICATION

Position Applied for:

Corrections Officer _____
Deputy Sheriff _____
Maintenance _____
Medical _____
Office _____

Date: _____

Name: _____
Last First Middle

Address: _____
Street City State

Are you 21 or Older? _____ Phone Number: _____

Special Skills/ Training: _____

Present or Last Employer: _____

Position: _____

This application form will remain active for 6 months from the above date.

****All potential employee candidates must be age 21 or older**