

APPLICATION FOR EMPLOYMENT

County of Kosciusko, Indiana An Equal Opportunity Employer

The County of Kosciusko, Indiana, does not discriminate on the basis of race, color, gender, national origin, age, religion, or disability, in employment or the provision of services.

Please type or print responses to all questions on the application form. *Any application not completed in its entirety will be disqualified.*

Position sought _____

Last name _____ First name _____ Middle initial _____

Former name(s) _____

Address _____ City/state/zip _____

Phone _____ Are you at least 18 years of age? Yes: _____ No: _____

Applicants for Police/Fire Department: Are you at least 21 years of age? Yes: _____ No: _____

Are you interested in: Full-time work? Yes _____ No _____

Part-time work? Yes _____ No _____

Temporary work? Yes _____ No _____

Date available to start work _____

Do you have any relatives currently employed by the County? Yes _____ No _____

If yes, which department? _____

EMPLOYMENT HISTORY AND WORK EXPERIENCE

List all employment history and work experience during the previous ten years, beginning with your current employer. *Failure to include all past employment may be grounds for disqualification.*

If currently unemployed, check here _____ and skip to **Previous employer** below.

- Current employer _____ Address _____
City/state/zip _____
Phone () _____ Hire date _____ Job title _____
Beginning salary _____ per _____ Current salary _____ per _____
Supervisor _____ Title _____
Work phone _____

Briefly describe the work you do, such as duties, responsibilities, equipment you operate, promotions:

Why do you want to leave?

May we contact your current employer? Yes: _____ No: _____ If no, please explain why:

- Previous employer _____ Phone (____) _____
Address _____ City/state/zip _____
Dates employed _____ - _____ Job title _____
Beginning salary _____ per _____ Ending salary _____ per _____
Supervisor _____ Title _____
Work phone _____

Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions:

Reason for leaving

May we contact this employer? Yes: _____ No: _____ If no, please explain why:

- Previous employer _____ Phone (____) _____
Address _____ City/state/zip _____
Dates employed _____ - _____ Job title _____
Beginning salary _____ per _____ Ending salary _____ per _____
Supervisor _____ Title _____
Work phone _____

Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions:

Reason for leaving

May we contact this employer? Yes: _____ No: _____ If no, please explain why:

- Previous employer _____ Phone (____) _____
 Address _____ City/state/zip _____
 Dates employed _____ - _____ Job title _____
 Beginning salary _____ per _____ Ending salary _____ per _____
 Supervisor _____ Title _____
 Work phone _____

Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions:

Reason for leaving _____

May we contact this employer? Yes: _____ No: _____ If no, please explain why: _____

- *If you had additional employers within the last five years, attach additional pages as needed.*

List and explain periods of unemployment in the past five years:

From _____ to _____ Reason: _____

From _____ to _____ Reason: _____

EDUCATION AND TRAINING

This section is intended to give the employer information about education and training you have completed, and to describe your skills, knowledge and abilities to perform the duties of the position.

High school attended *Attach additional pages as needed.*

Name: _____

Address: _____ City/state/zip _____

Diploma? Yes _____ No _____ GED? Yes _____ No _____

Activities, awards *(You may exclude any which indicate race, color, religion, gender, age, national origin, or disability)*

College(s) or Trade School(s) attended *Attach additional pages as needed.*

- Name _____

Dates attended _____ to _____

Address _____

City/state/zip_____

Degree(s)_____

Major/minor course(s) of study _____

● Name_____

Dates attended _____ to _____

Address _____

City/state/zip_____

Degree(s)_____

Major/minor course(s) of study

● Activities, awards *(You may exclude any which indicate race, color, religion, gender, age, national origin, or disability.)*

● Seminars/workshops, special awards, articles you have published, other information that may be relevant to the position you are seeking:

MILITARY HISTORY AND STATUS

If you have never served in the military on active duty, check here _____ and skip to the next section.

Military Branch

Dates of Service

Highest Rank Attained

Rank at Separation

Type of Discharge _____ Citations/awards received _____

PROFESSIONAL OR SPECIALIZED TRAINING

Specialized training _____

Professional/special license(s) or certificate(s):

<u>State</u>	<u>Issued By</u>	<u>Date Issued</u>	<u>Expiration</u>	<u>Type</u>	<u>License #</u>
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Have you had any license suspended, revoked or terminated? Yes _____ No _____ If yes, explain:

PROFESSIONAL AFFILIATIONS

List current or previous affiliations/organizations and related offices/positions.

<u>Organization Name</u>	<u>Address</u>	<u>Phone</u>	<u>Offices/Positions</u>
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● Use the following space to describe other training, education, skills, abilities, hobbies, volunteer work or other information that may be helpful in evaluating your application. (*You may exclude any which indicate race, color, religion, gender, age, national origin or disability.*)

PERSONAL INFORMATION

Do you have any commitments which might interfere with or adversely affect your employment with us, such as a second job or school? Yes _____ No _____ If yes, please explain:

• Have you ever been convicted of a felony that has not been expunged or sealed?

Yes _____ No _____ If yes, please explain:

• Do you have an arrest record that has not been expunged or sealed? Yes _____ No _____

If yes, please explain: _____

• Are you currently required to register as a sex offender in this or any other jurisdiction?

Yes _____ No _____ If yes, please explain (including jurisdiction of registry): _____

• List three references who are not related to you and are not former employers or supervisors:

Name _____ Phone _____

Address _____

City/state/zip _____

Number of years known _____

Name _____ Phone _____

Address _____

City/state/zip _____

Number of years known _____

Name _____ Phone _____

Address _____

City/state/zip _____

Number of years known _____

APPLICANT CERTIFICATION

Read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by signing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing.

● I understand and accept that, if I am hired, I may be hired conditional on passing any medical and/or psychological examinations that the employer deems necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials _____

● I understand that it may be necessary for me to approve and sign any waivers necessary in order for the employer to obtain information from my current and former employers.

Initials: _____

● I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

● I solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that my misrepresentations or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment.

Initials: _____

By submitting this document, I hereby agree that I shall execute the employer's conditional and post-employment medical examination and drug testing consent requirements. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

Applicant's signature

Date

The following sections to be completed by Police and Fire Department applicants only:

● I understand that the employer provides police and fire service on a seven day per week and twenty-four hour per day service, and therefore, if employed by the Police or Fire Department, I may be required to work evening shifts or night shifts, including weekends.

Initials: _____

● I understand that if I am hired as a sworn officer on the Police Department, that I must successfully complete required training and courses specified and be certified by the State of Indiana Police Academy.

Initials: _____

AUTHORIZATION AND RELEASE

In applying for employment, I want the **County of Kosciusko, Indiana**, to be fully informed of my work history. I, therefore, authorize the **County of Kosciusko, Indiana**, to investigate my background and to obtain any and all information which may concern me. I release all persons, including the **County of Kosciusko, Indiana**, schools, companies, corporations, credit bureaus and law enforcement agencies, from any liability on account of furnishing such information.

I fully understand that if employed, any misrepresentation of facts on my application is sufficient reason for my termination. In addition to my authorization and release of information and entities set forth above, I also authorize the **County of Kosciusko, Indiana**, to discuss the results of any pre-employment investigation with persons who conduct the interview(s) in any investigation, as well as with those individuals responsible for hiring.

I understand that nothing contained in my application or in the granting of or conducting of an interview is intended to create an employment contract or binding contractual relationship between the **County of Kosciusko, Indiana**, and myself, either for employment or for the providing of any benefit.

No promises regarding employment or duration of employment have been made to me and I understand that no such promises or guarantees are binding upon the **County of Kosciusko, Indiana**, unless made in writing by the appointing authority.

If an employment relationship is established, I understand that I have the right to terminate my employment at any time, with or without notice, and that the **County of Kosciusko, Indiana**, may terminate my employment at any time pursuant to the express provisions of the *County of Kosciusko Personnel Policies Handbook*. If any employment relationship is established, in consideration of such an employment relationship, I agree not to use or reveal any confidential information of the **County of Kosciusko, Indiana**.

The **County of Kosciusko, Indiana**, and its elected officials, administrators, managers, employees and agents are all released by me for any legal responsibility or liability for the release of such information and records as authorized above or any other liability which may arise from the release of such information.

I have read the above statement carefully and, if employed, I agree to abide by all of the terms set forth above.

Applicant signature: _____

Date: _____

NOTICE AUTHORIZATION AND RELEASE FOR CRIMINAL BACKGROUND CHECK

County of Kosciusko, Indiana *an Equal Opportunity Employer*

I, _____ (applicant) respectfully request and authorize _____ to complete a criminal background check. This information is to be used in the course of my application for employment with the County of Kosciusko. I hereby release _____, the County of Kosciusko and any organization assisting with the application process from any liability or damages which may result as a result of furnishing the information requested.

Signature of Applicant

Date

Print Full Name

Social Security Number

Date of Birth (Note: date of birth is requested in order to obtain accurate retrieval of records.)

Current Address

City/State/Zip

Driver's License No.

State

Voluntary Affirmative Action Survey

• TO BE COMPLETED BY APPLICANT - TO BE FILED SEPARATELY FROM APPLICATION •

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• COMPLETION OF INFORMATION BELOW IS VOLUNTARY •

Please be advised that your survey is considered confidential information and it is not a part of your official application for employment. Inclusion or exclusion of any data will not affect any employment decision.

In an effort to comply with government requirements regarding record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. *Thank you for your cooperation.*

• Personal Information

Date _____/_____/_____

Applicant last name _____ First _____ Middle _____

Address _____ City/state/zip _____

Position(s) applied for _____

• Referral source

Advertisement Employee Relative Walk-in School

Government employment agency Private employment agency

Other _____

Name of source (if applicable) _____

• Government Requested Information

Check one: Male Female

Check one of the following race/ethnic groups:

Black or African American (not Hispanic or Latino) White (not Hispanic or Latino)

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)

Asian (not Hispanic or Latino)

Hispanic or Latino American Indian or Alaskan Native (not Hispanic or Latino)

Two or More Races (not Hispanic or Latino)

Check the following that are applicable:

Veteran Vietnam Era Veteran Disabled Veteran Disabled individual