

APPLICATION FOR EMPLOYMENT

County of Grant, Indiana *an Equal Opportunity Employer*

The County of Grant, 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 clearly print responses to all questions on the application form. *Any application not completed in its entirety may 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: _____

Email _____

Are you related to an employee currently employed by the County? Yes: _____ No: _____

If yes, please state relationship _____ and Department _____

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

Part-time work? Yes _____ No _____

Temporary work? Yes _____ No _____

Date available to start work _____

EMPLOYMENT HISTORY AND WORK EXPERIENCE

List all employment history and work experience during the previous five 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.

1) 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, i.e duties, responsibilities, equipment you operate, promotions:

Why do you want to leave? _____

May we contact your current employer? Yes: _____ No: _____

2) 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: _____

3) 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: _____

4) 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: _____

(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

1) Name _____

Dates attended _____ to _____

Address _____ City/state/zip _____

Degree(s) _____

Major/minor course(s) of study _____

2) Name _____

Dates attended _____ to _____

Address _____ City/state/zip _____

Degree(s) _____

Major/minor course(s) of study _____

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):

State Issued By Date Issued Expiration Type License #

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.

Organization Name Address Phone Offices/Positions

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 with date(s):

Answering yes to this question does not automatically disqualify you for employment; however, information obtained from the investigation will be used in the employment review process.

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 professional references:

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.

Initials: _____

The relationship between you and Grant County Government is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or Grant County Government. No representative of Grant County Government has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status.

Initials: _____

Applicant's signature

Date