

Application for Employment

Monroe County, Indiana
an Equal Opportunity Employer

The County of Monroe, 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: _____

Address: _____ City/State/Zip: _____

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

Applicants for the Sheriff=s Department: Are you at least 21 years of age? Yes No

Are you interested in:

Full-time work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Part-time work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Temporary work?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.

§ 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, etc.:

Why do you want to leave your current employment? _____

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

§ Previous Employer

Address: _____ City/State/Zip: _____

Beginning Date: _____ End Date: _____

Phone: _____ Job Title: _____

Beginning salary: _____ per _____ Ending Salary: _____ per _____

Supervisor: _____ Title: _____

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

Reason for leaving? _____

May we contact your previous employer? Yes No If no, please explain _____

_____ why: _____

\$ Previous Employer

Address: _____ City/State/Zip: _____

Beginning Date: _____ End Date: _____

Phone: _____ Job Title: _____

Beginning salary: _____ per _____ Ending Salary: _____ per _____

Supervisor: _____ Title: _____

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

Reason for leaving? _____

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

\$ Previous Employer

Address: _____ City/State/Zip: _____

Beginning Date: _____ End Date: _____

Phone: _____ Job Title: _____

Beginning salary: _____ per _____ Ending Salary: _____ per _____

Supervisor: _____ Title: _____

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

Reason for leaving? _____

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

εIf 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: _____ Diploma? Yes No
Address: _____ GED? Yes No
City/State/Zip _____
:
Activities, awards (*You may exclude any which indicate race, color, religion, gender, age, national origin, or disability*) : _____

College(s) or Trade School(s) attended

Name: _____ Dates Attended: _____ to _____
Address: _____
City/State/Zip _____
:
Degree(s): _____

Major/Minor: _____

Name: _____ Dates Attended: _____ to _____

Address: _____

City/State/Zip _____

: _____

Degree(s): _____

Major/Minor: _____

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 Services	Highest Rank Attained	Rank at Separation
Type of Discharge:			
Citations/awards received:			

Professional or Specialized Training

Specialized training _____

Professional/special licenses(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

Have you ever been convicted of a felony? Yes No If yes, please explain below:

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

Name	_____	Phone	_____
Address	_____	City	_____
Years Known	_____	State/Zip	_____

Name	_____	Phone	_____
Address	_____	City	_____
Years Known	_____	State/Zip	_____

Name	_____	Phone	_____
Address	_____	City	_____
Years Known	_____	State/Zip	_____

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 or affirm 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 may be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

The following sections to be completed by Sheriff Department applicants only:

! I understand that the employer provides sheriff service on a seven day per week and twenty-four hour per day service, and therefore, if employed by the Sheriff=s 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 Sheriff=s Department, that I must successfully complete required training and courses specified and be certified by the State of Indiana Police Academy. Initials: _____

Applicant=s signature

Date _____

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 the 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
___ Governmental employment agency ___ Private employment
___ Agency
___ Other, Name of Source (if applicable) _____

Government Requested Information

Check One: ___ Female ___ Male

Check on of the following race/ethnic groups:

___ Black ___ White ___ Native American/Alaskan Native ___ Asian/Pacific Island
___ Hispanic (Mexican-American, Puerto Rican & other Spanish origin)

Check the following that are applicable:

___ Veteran ___ Vietnam Era ___ Disabled ___ Disabled individual
___ Veteran ___ Veteran