

APPLICATION FOR EMPLOYMENT

County of Marshall, Indiana *An Equal Opportunity Employer*

The County of Marshall, 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 Sheriff 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 _____

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:

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.

<u>Military Branch</u>	<u>Dates of Service</u>	<u>Highest Rank Attained</u>	<u>Rank at Separation</u>
_____	_____	_____	_____

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>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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>
_____	_____	_____	_____
_____	_____	_____	_____

• 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? Yes _____ No _____ If yes, please explain:

• 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.

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 section to be completed by Shady Rest Home applicants only:

• I understand that the employer's Shady Rest Home operates seven days per week and twenty-four hours per day, and therefore, if employed by Shady Rest Home, I may be required to work evening shifts or night shifts, including weekends. Initials: _____

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

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

PRE EMPLOYMENT DRUG SCREEN REQUEST
AND/OR EMPLOYMENT DRUG SCREENING REQUEST

Marshall County is committed to maintaining a drug-free work place. A drug screen test to detect the use of illegal substances is part of our hiring process. This form must be completed, signed, dated, and, when instructed to do so, taken to the Holm Clinic, Plymouth, Indiana, where the test(s) will be administered.

I understand that the test may be hair and/or oral fluids and that my signature below indicates my consent and authorization to have my hair and/or oral fluids screened for illegal drugs or substances as a condition of hiring as well as a condition for maintaining employment.

I hereby consent to have the results of my hair and/or oral drug screening reported to the appropriate individuals at the Marshall County Police Department and/or Marshall County Government.

I understand that if I refuse to submit to this drug screen, or at any time have a positive result to any test I can be terminated from employment.

I will hold harmless Marshall County Government, any testing laboratory that may be used. This means I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including rescinding any offer of employment, continuing any employment, obtaining any promotions or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if Marshall County or the laboratory performing the test makes an error in the administration or analysis of the test or the reporting of the results.

Signature of Employee or Applicant

Date

Printed Name

**NOTICE, AUTHORIZATION AND RELEASE FOR
CRIMINAL BACKGROUND CHECK**

County of Marshall, Indiana
an Equal Opportunity Employer

I, _____ 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 Marshall. I
hereby release _____, the County of Marshall and the
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