

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 _____ Email Address _____

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

If yes, please state relationship _____.

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. 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.

Initials: _____

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 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 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: _____

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 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

Pre-Employment Drug Screen Request and/or Employment Drug Screening Request

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Marshall County is committed to maintaining a drug free workplace. 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, oral fluids, urine, breath and/or blood and that my signature below indicates my consent and authorization to have my hair, oral fluids, urine, breath and/or blood screened for illegal drugs or substances as a condition of hiring as well as a condition of maintaining employment.

I hereby consent to have the results of my hair, oral fluids, urine, breath and/or blood drug screening reported to the appropriate individuals at the Marshall County Sheriff 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 not 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 testing, including rescinding any offer of employment, continuing 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