# APPLICATION FOR EMPLOYMENT

## County of Jay, Indiana

*an Equal Opportunity Employer*

**The County of Jay, 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 related to an employee currently employed by the County? Yes: _____ No: _____

If yes, please state relationship _____ and current 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.

! 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:

Λ *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:

_____

_____

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

_____

_____

! List three references who are <u>not</u> related to you and are <u>not</u> former employers or supervisors:

N Name _____ Phone _____

Address _____

City/state/zip_____

Number of years known _____

N Name _____ Phone _____

Address _____

City/state/zip_____

Number of years known _____

N Name _____ Phone _____

Address _____

City/state/zip_____

Number of years known _____

! 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):

_____

_____

**********

## 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: _____

# NEPOTISM DISCLOSURE FORM

## County of Jay, Indiana

***an Equal Opportunity Employer***

Effective July 1, 2012 Indiana Code 36-1-20.2 specifies that relatives may not be employed by the County in positions that result in one relative being in the direct line of supervision of the other relative. An employee who is employed by the County as of June 30, 2012, is not subject to the nepotism provision unless the employee has a break in employment with this County in the future.

Direct line of supervision is defined as an elected officer or employee who is in a position to affect the terms and conditions of another individual's employment, including making decisions about work assignments, compensation, grievances, advancement, or performance evaluation.

Indiana Code defines relative to include a spouse; a parent or step-parent; a child or step-child; a brother, sister, step-brother, or step-sister; a niece or nephew; an aunt or uncle; a daughter-in-law or son-in-law; an adopted child; and a brother or sister by half blood.

- **Please check the appropriate box: ☐ New Hire ☐ Current Employee ☐ Special Project**

Name_____ Office/Department_____

Job title_____ Relationship_____

Name of Related Person:_____ Office/Department_____

Job Title_____

*(if related to more than one person, please list information and attach on a separate sheet of paper)*

1. Will this employment action result in a subordinate – supervisor relationship? ☐ Yes ☐ No
2. Will the employee work in the same department/office location? ☐ Yes ☐ No
3. Will either employee have authority over the other that will affect the terms and conditions of employment set forth in the Personnel Policies Handbook or Indiana Code 36-1-20.2? ☐ Yes ☐ No

***I acknowledge the information I have provided is accurate to the best of my knowledge. In the event a relationship by blood or marriage, as defined above, is created or modified at a future point, I shall report the change within 15 working days of it creation. I understand that failure to disclose relationships upon request is grounds for discipline, including termination of employment.***

**Print or type name:** _____

**Employee signature:** _____ **Date submitted:** _____

## *To be completed by authorizing official*

- **Complete questions 4 and 5 only if the disclosure is related to a special project**

4. Please describe the work the related person will be performing on the special project and why the related person is the appropriate person to perform such work. Also, explain who will be supervising the related person on the project and how the supervision will be managed.

_____
_____
_____
_____
_____

5. Will the involvement of the related person result in a potential conflict of interest on the special project? ☐ Yes ☐ No (if yes, the Conflict of Interest must also be followed before the related person may work on the project.)

***Elected Official Signature:*** _____

Title: _____ Date: _____

**TO BE COMPLETED BY COUNTY COMMISSIONER:**

☐ APPROVED ☐ DENIED ☐ APPROVED with the attached conditions

Signature: _____ Date: _____