

APPLICATION FOR EMPLOYMENT

County of Dearborn, Indiana

An Equal Opportunity Employer

The County of Dearborn, 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 applying for

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's 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

Name of Relative:

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

Current Salary

EMPLOYMENT HISTORY AND WORK EXPERIENCE

Supervisor Title

Work Phone

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

Why do you want to leave?

May we contact your current employer?

If no, please explain why:

Previous Employer

Address, City, State, ZIP

Phone

Hire Date Job Title

Beginning Salary Current Salary

Supervisor Title

Work Phone

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

Reason for leaving?

May we contact this employer?

If no, please explain why:

Previous Employer

Address, City, State, ZIP

Phone

Hire Date Job Title

Beginning Salary Current Salary

Supervisor Title

Work Phone

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

Reason for leaving?

May we contact this employer?

If no, please explain why:

EMPLOYMENT HISTORY AND WORK EXPERIENCE

Previous Employer

Address, City, State, ZIP

Phone

Hire Date

Job Title

Beginning Salary

Current Salary

Supervisor

Title

Work Phone

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

Reason for leaving?

May we contact this employer?

If no, please explain why:

Previous Employer

Address, City, State, ZIP

Phone

Hire Date

Job Title

Beginning Salary

Current Salary

Supervisor

Title

Work Phone

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

Reason for leaving?

May we contact this employer?

If no, please explain why:

EMPLOYMENT HISTORY AND WORK EXPERIENCE

Previous Employer

Address, City, State, ZIP

Phone

Hire Date

Job Title

Beginning Salary

Current Salary

Supervisor

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

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Phone

Hire Date

Job Title

Beginning Salary

Current Salary

Supervisor

Title

Work Phone

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

Reason for leaving?

May we contact this employer?

If no, please explain why:

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

Name

Address, City, State, Zip

Diploma? Yes

No

GED? Yes

No

College(s) or Trade Schools(s) attended

Name

Date attended to

Address, City, State, ZIP

Degree(s)

Major/minor course(s) of study

Name

Date attended to

Address, City, State, ZIP

Degree(s)

Major/minor course(s) of study

Name

Date attended to

Address, City, State, ZIP

Degree(s)

Major/minor course(s) of study

Activities, Awards.

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 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 Date

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.

APPLICATION 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 the 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:

APPLICATION CERTIFICATION

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 Jail/Sheriff Department applicants only:

I understand that the employer provides Jail/Sheriff service on a seven day per week and twenty-four hour per day service, and therefore, if employed by the Jail/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

I, _____ respectfully request and authorize the County of Dearborn, IN to Complete a criminal background check. This information is to be used in the course of my application for employment with the County of Dearborn.

I hereby release _____ the County of Dearborn 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)

Driver's License No.

State