APPLICATION FOR EMPLOYMENT

County of Madison, Indiana

an Equal Opportunity Employer

The County of Madison, 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 individual currently employed by the County? Yes: ☐ No: ☐

If yes, please state individuals name _____.

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 _____

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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_____

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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:

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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

Have never served in the military on active duty, if no, 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:

_____

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PROFESSIONAL AFFILIATIONS

List current or previous affiliations/organizations and related offices/positions.

Organization Name	Address	Phone	Offices/Positions

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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.)*

_____

_____

_____

_____

_____

_____

_____

_____

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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): _____

_____

_____

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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: _____

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- 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 and/or Fire Department applicants only:

- I understand that the employer provides sheriff and fire service on a seven day per week and twenty-four hour per day service, and therefore, if employed by the Sheriff Department or Fire 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: _____

SUBMIT

This form may not be compatible with all computer programs. If you experience a problem when submitting this form you may need to save a copy of the completed form to your computer and either attach the file through your email program sending to; hr@madisoncounty.in.gov or print and mail a copy to; Madison County Government Center, Attn: Human Resources, 16 East 9th Street, Anderson, IN. 46016.

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