



# APPLICATION FOR EMPLOYMENT

## PORTER COUNTY GOVERNMENT

*An Equal Opportunity Employer*

The County of Porter, Indiana, does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Please type or print responses to all questions on the application form. Any application not completed in its entirety will be disqualified.

<b>APPLICANT INFORMATION</b>			
LAST NAME	FIRST NAME	M.I.	DATE
STREET ADDRESS		APT / UNIT #	
CITY	STATE	ZIP CODE	
TELEPHONE		EMAIL	
DATE AVAILABLE	POSITION APPLIED FOR	TYPE OF WORK <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp	
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No			
HAVE YOU EVER WORKED FOR PORTER COUNTY GOVERNMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes:			

<b>EMPLOYMENT HISTORY</b>	
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 <input type="checkbox"/> and skip to previous company below.	
CURRENT EMPLOYER	FROM
ADDRESS	TELEPHONE NO.
SUPERVISOR	RESPONSIBILITIES
MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PREVIOUS EMPLOYER	FROM TO
ADDRESS	TELEPHONE NO.
SUPERVISOR	
MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PREVIOUS EMPLOYER	FROM TO
ADDRESS	TELEPHONE NO.
SUPERVISOR	
MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## 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		ADDRESS	
FROM	TO	DIPLOMA <input type="checkbox"/> Yes <input type="checkbox"/> No	GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
COLLEGE		ADDRESS	
FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE
TRADE SCHOOL		ADDRESS	
FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE
ACTIVITIES, AWARDS, SEMINARS, WORKSHOPS			

## MILITARY HISTORY AND STATUS

HAVE YOU EVER SERVED IN THE MILITARY? IF YOU ANSWERED "NO", SKIP TO NEXT SECTION		<input type="checkbox"/> Yes <input type="checkbox"/> No
BRANCH OF SERVICE	FROM	TO
HIGHEST RANK ATTAINED		RANK AT SEPARATION
CITATIONS, AWARDS RECEIVED		

## PROFESSIONAL OR SPECIALIZED TRAINING

SPECIALIZED TRAINING					
PROFESSIONAL / SPECIAL LICENSE(S) OR CERTIFICATE(S)					
State	Issued By	Date Issued	Expiration	Type	License Number
HAVE YOU HAD ANY LICENSE SUSPENDED, REVOKED OR TERMINATED? <input type="checkbox"/> Yes <input type="checkbox"/> No					
IF YOU ANSWERED "YES" TO THE ABOVE QUESTION, PLEASE EXPLAIN					

## PROFESSIONAL AFFILIATIONS

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

Organization Name	Address	Telephone No.	Office / Position

USE THE FOLLOWING SPACE TO DESCRIBE OTHER TRAINING, EDUCATION, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK OR OTHER INFORMATION WHICH MAY BE HELPFUL IN EVALUATING YOUR APPLICATION.

## 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? IF "YES", EXPLAIN:

Yes  No

HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF "YES", EXPLAIN:

Yes  No

## REFERENCES

List three references who are not related to you and are not former employers or supervisors:

FULL NAME	RELATIONSHIP
COMPANY	TELEPHONE NO.
ADDRESS	
FULL NAME	RELATIONSHIP
COMPANY	TELEPHONE NO.
ADDRESS	
FULL NAME	RELATIONSHIP
COMPANY	TELEPHONE NO.
ADDRESS	

## 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 false if 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.

Initials: \_\_\_\_\_

SIGNATURE

DATE