

03/14/2017

APPLICATION FOR EMPLOYMENT
WARRICK COUNTY SHERIFF'S OFFICE
AN EQUAL OPPORTUNITY EMPLOYER

ALL STATEMENTS MADE BY APPLICANTS FOR EMPLOYMENT ON THIS APPLICATION FORM WILL BE CHECKED FOR ACCURACY. WE OFFER EQUAL EMPLOYMENT OPPORTUNITIES TO ALL PERSONS WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, MARITAL OR VETERANS' STATUS, SEX, NATIONAL ORIGIN, DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS.

PERSONAL INFORMATION

PLEASE PRINT OR TYPE RESPONSES

NAME _____ HOME OR NEAREST PHONE _____

PRESENT ADDRESS _____ EMERGENCY PHONE NO. _____

PREVIOUS ADDRESS _____ SOCIAL SECURITY NO. _____

DATE OF BIRTH _____ DRIVERS LICENSE NO _____

ARE YOU OVER THE AGE OF 18? ____ YES ____ NO

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? ____ YES ____ NO

IF NOT, WHY? _____

POSITION(S) APPLIED FOR _____

HOW SOON COULD YOU REPORT TO WORK _____

TYPE OF EMPLOYMENT ____ FULL TIME ____ PART TIME ____ TEMPORARY

HAVE YOU APPLIED FOR A JOB WITH US BEFORE? ____ YES ____ NO

HAVE YOU EVER WORKED FOR US BEFORE? ____ YES ____ NO

HAVE YOU EVER BEEN BONDED? ____ YES ____ NO

HAVE YOU EVER REFUSED A BOND? ____ YES ____ NO

IF SO, STATE REASON AND DATE. _____

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? ____ YES ____ NO

IF YES, BRANCH? _____ DATE ENTERED _____ DATE DISCHARGED _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME EXCEPT A MINOR TRAFFIC VIOLATION?

____ YES ____ NO. IF SO, STATE CITATION, DATE, COURT AND PLACE WHERE OFFENSE

OCCURRED. _____

HAVE YOU EVER BEEN DISCHARGED OR REQUESTED TO RESIGN FROM A POSITION?

____ YES ____ NO. IF YES, GIVE CIRCUMSTANCES _____

ARE YOU EMPLOYED NOW? ____ YES ____ NO

WHY DO YOU DESIRE TO MAKE A CHANGE? _____

HAVE YOU EVER HELD A POSITION OF TRUST (HANDLING MONEY OR CONFIDENTIAL MATERIAL)? ____ YES ____ NO

PRIOR WORK RECORD (START WITH MOST RECENT OR PRESENT EMPLOYER AND COMPLETE IN FULL)

1. EMPLOYER NAME AND ADDRESS _____

_____ TELEPHONE NUMBER _____

IMMEDIATE SUPERVISORS NAME _____ DATE HIRE _____

JOB TITLE AND DUTIES _____

DATE LEFT _____ REASON FOR LEAVING _____

MAY WE CONTACT THIS EMPLOYER? ____ YES ____ NO

2. EMPLOYER NAME AND ADDRESS _____

_____ TELEPHONE NUMBER _____

IMMEDIATE SUPERVISORS NAME _____ DATE HIRE _____

JOB TITLE AND DUTIES _____

DATE LEFT _____ REASON FOR LEAVING _____

MAY WE CONTACT THIS EMPLOYER? ____ YES ____ NO

3. EMPLOYER NAME AND ADDRESS _____

_____ TELEPHONE NUMBER _____

IMMEDIATE SUPERVISORS NAME _____ DATE HIRE _____

JOB TITLE AND DUTIES _____

DATE LEFT _____ REASON FOR LEAVING _____

MAY WE CONTACT THIS EMPLOYER? ____ YES ____ NO

PLEASE PROVIDE ANY ADDITIONAL INFORMATION SUCH AS SPECIAL SKILLS, TRAINING, MANAGEMENT EXPERIENCE, EQUIPMENT OPERATION, OR QUALIFICATIONS YOU FEEL WILL BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION. _____

EDUCATION

ELEMENTARY SCHOOL _____ LAST YR. COMPLETE _____

HIGH SCHOOL _____ LAST YR. COMPLETE _____

COLLEGE _____ LAST YR. COMPLETE _____

LIST DEGREES REC'D EDUCATIONAL AWARDS REC'D _____

JOB APPLICANTS AGREEMENT AND CERTIFICATION

“ I CERTIFY THAT THE INFORMATION GIVEN BY ME IN THIS APPLICATION IS TRUE IN ALL RESPECTS, AND I AGREE THAT IF THE INFORMATION GIVEN IS FOUND TO BE FALSE IN ANY WAY, IT SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DENIAL OF EMPLOYMENT OR DISCHARGE. I AUTHORIZE THE PAST EMPLOYERS ALL REFERENCES, AND ANY OTHER PERSONS TO ANSWER ALL QUESTIONS ASKED CONCERNING MY ABILITY, CHARACTER, REPUTATION, AND PREVIOUS EMPLOYMENT RECORD. I RELEASE ALL SUCH PERSONS FROM ANY LIABILITY OR DAMAGES ON ACCOUNT OF HAVING FURNISHED SUCH INFORMATION.”

“I UNDERSTAND THAT NOTHING CONTAINED IN THIS EMPLOYMENT APPLICATION OR IN THE GRANTING OF AN INTERVIEW IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN WARRICK COUNTY, INDIANA, AND MYSELF FOR EITHER EMPLOYMENT OR FOR THE PROVIDING OF ANY BENEFIT. NO PROMISES REGARDING EMPLOYMENT HAVE BEEN MADE TO ME, AND I UNDERSTAND THAT NO SUCH PROMISES OR GUARANTEE IS BINDING UPON WARRICK COUNTY, INDIANA, UNLESS MADE IN WRITING. IF AN EMPLOYMENT RELATIONSHIP IS ESTABLISHED, I UNDERSTAND THAT I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME AND THAT WARRICK COUNTY, INDIANA, RETAINS THE SAME RIGHT.”

“I UNDERSTAND THAT PRIOR TO BEING OFFERED EMPLOYMENT WITH WARRICK COUNTY, INDIANA, I MAY BE REQUESTED TO TAKE AN EMPLOYMENT EXAMINATION. IN THE EVENT I HAVE A DISABILITY WHICH WILL AFFECT MY ABILITY TO TAKE THE TEST, I WILL SO INFORM WARRICK COUNTY, INDIANA, PRIOR TO THE ADMINISTRATION OF THE TEST SO THAT A REASONABLE ACCOMODATION CAN BE MADE. REQUESTED ACCOMODATIONS MAY INCLUDE ACCESSIBLE TESTING SITES, MODIFIED TESTING CONDITIONS, AND ACCESSIBLE TESTING FORMATS. WARRICK COUNTY, INDIANA, RESERVES THE RIGHT TO REQUIRE MEDICAL DOCUMENTATION CONCERNING THE NEED FOR THE ACCOMODATION.”

“I UNDERSTAND THAT IF EMPLOYED, POLICIES AND RULES WHICH ARE ISSUED ARE NOT CONDITIONS OF EMPLOYMENT AND THAT THE EMPLOYER MAY REVISE POLICIES OR PROCEDURES, IN WHOLE OR IN PART, AT ANY TIME.”

“I UNDERSTAND THAT THIS APPLICATION WILL BE KEPT ON ACTIVE FILE FOR 30 DAYS FROM THE DATE COMPLETED, AFTER WHICH TIME I WOULD HAVE TO REAPPLY IN ACCORDANCE WITH ESTABLISHED COMPANY PROCEDURES.”

_____SIGNATURE OF APPLICANT _____DATE

IF YOU HAVE REVIEWED THE ESSENTIAL JOB FUNCTIONS AND DUTIES WHICH WERE PROVIDED WITH THIS APPLICATION AND YOU FEEL THAT YOU CAN PERFORM ALL DUTIES SIGN AND DATE BELOW.

NAME _____

DATE _____