

Application for Employment

JOHNSON COUNTY, INDIANA

Position Applied For	Date of Application
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Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number	Social Security Number	Driver's License Number	

- If you are under 18 years of age, can you provide required proof of eligibility of work? Yes No
- Have you ever filed an application with us before? If yes, give date: _____ Yes No
- Have you ever been employed with Johnson County before? If yes, give date(s): _____ Yes No
- Are you currently employed? Yes No
- May we contact your present employer? Yes No
- Are you prevented from lawfully becoming employed in this country because of visa or immigration Status? Yes No
- Are you currently on "lay-off" status and subject to recall? Yes No
- Can you travel if the position requires? Yes No
- Will you obtain a CDL if it is required for the position? Yes No
- Will you submit to a Drug and Alcohol Screen if required for the position? Yes No
- Have you ever pleaded guilty to or "no contest" to or been convicted of a felony or misdemeanor that has not been expunged by a court? Yes No
- If yes, please give dates and explain: _____

NOTE: ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, AND NATURE OF THE POSITION APPLYING FOR WILL BE TAKEN INTO ACCOUNT.

- Will you need additional accommodations to perform your job? Yes No
- If yes, please explain: _____
- On what date would you be available for work? _____
- What skills do you possess that are relevant to the position you have applied for? _____

Are you available to work: Full-time Part-time Shift work Temporary

WE ARE AN EQUAL OPPORTUNITY EMPLOYER
We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read, and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Past Residence

_____	_____	_____	_____
Street Address	City	State	Zip Code
_____	_____	_____	_____
Street Address	City	State	Zip Code
_____	_____	_____	_____
Street Address	City	State	Zip Code

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experiences.

Specialized Skills Check All That Apply

Computer Fax Microsoft Word **Production/Mobile Machinery (List)**
 Phone System CDL Microsoft Excel _____

Employment Experience

Start with your current or most recent position. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status.

1. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
2. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
3. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
4. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Additional Information

List professional, trade, business, or civic activities and offices held. (You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status):

Describe any specialized training, apprenticeship, skills, extra-curricular activities, and military experience that may relate to the position for which you are applying.

Provide any additional information you feel may be helpful to us in considering your application.

DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached

___ Yes ___ No

References (Non-Related)

1. Name: _____ Phone Number: _____
Address: _____

2. Name: _____ Phone Number: _____
Address: _____

3. Name: _____ Phone Number: _____
Address: _____

4. Name: _____ Phone Number: _____
Address: _____

Applicant's Statement

I certify under the penalties of perjury that the information given herein is true and complete to the best of my knowledge.

I authorize Johnson County to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I authorize Johnson County to conduct a background investigation, which may include, but is not limited to: Criminal History, Past Residence History, and Job History.

This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether applications are being accepted at that time.

I understand that I may be required to submit to a drug/alcohol test prior to be considered for this position. I also understand that this information will be kept confidential, but can have an effect on my employment with Johnson County. I further understand that to be considered for the position for which I am applying, I waive my right of privacy with respect to the results of this test.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the County Commissioners.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge and possible prosecution. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Applicant Signature: _____ Date: _____