

# APPLICATION FOR EMPLOYMENT

## County of Steuben, Indiana

*An Equal Opportunity Employer*

**The County of Steuben, 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.

Applicant Information			
Last Name	First	M.I.	Date
Street Address		Apt/Unit #	
City	State	Zip	
Phone	E-mail		
Date Available	Position Applied for	Type of Work <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp	
Are you able to perform this job's duties with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?			
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employment History	
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. <b>If currently unemployed, check here _____ and skip to previous company below.</b>	
Current Employer	From
Address	Phone #
Supervisor	Responsibilities
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Employer	From To
Address	Phone #
Supervisor	Responsibilities
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Employer	From To
Address	Phone #
Supervisor	Responsibilities
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Education and Training</b>			
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 (You may exclude any which indicate race, color, religion, gender, age, national origin, or disability.)			
_____			
_____			

<b>Military History and Status</b>		
Have you ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered no, skip to next section.		
Branch of Service	From	To
Highest Rank Attained		Type of Discharge
Rank at Separation		
Citations, awards received _____		
_____		

<b>Professional or Specialized Training</b>					
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	Phone	Office / Position

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.)

---

---

---

**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, explain \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If yes, explain \_\_\_\_\_

---

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

Full Name	Relationship
Company	Phone #
Address	
Full Name	Relationship
Company	Phone #
Address	
Full Name	Relationship
Company	Phone #
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 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: \_\_\_\_\_

- 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