



LAPORTE COUNTY GOVERNMENT

Human Resources
 555 Michigan Avenue, Suite 101
 LaPorte, IN 46350
 Phone: 219-326-6808 Ext. 2409
 Fax: 219-362-3093

EMPLOYMENT APPLICATION

An Equal Opportunity Employer
 View job openings at the LaPorte County Web site:
www.laportecounty.org

OFFICE USE:

Date: _____

PERSONAL DATA

Name (Last, First, M.I.):		Email Address:	
Address:		City:	Zip Code:
Home Telephone:		Alternate Phone:	
Position(s) you are applying for:		Expected Salary:	
Have you ever been employed with LaPorte County Government? Yes No If yes, please provide date of employment and position held:			
Will you accept:		Are you at least 18 years of age	Are you legally eligible to be employed in the United States? (Proof of eligibility will be required upon employment) YES NO
Temporary Work Yes No	Part Time Work Yes No	Yes No	Date Available to start:
Shift Work Yes No		If no, age _____	
Do you currently possess a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO Is your license restricted or suspended? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EDUCATION / TRAINING

Do you have a high school diploma or GED? Yes No

If you do not have a high school diploma or GED, what is the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

High School name or GED institution:	Location of school City/State				
SCHOOL	NAME & LOCATION	COURSE/MAJOR STUDIED	YEARS COMPLETED	TYPE OF DEGREE	CREDITS COMPLETED
College/University			1 2 3 4		
Graduate/Professional			1 2 3 4		
Vocational/Other			1 2 3 4		

LICENSE / REGISTRATION / CERTIFICATE

List any required professional license, registration, certificate, CDL, etc

Description	State	Number	Expiration

SPECIALIZED SKILLS AND KNOWLEDGE

List skills or knowledge that shows your ability to perform the job for which you are applying (such as key boarding speed, computer languages, software programs, etc).

WORK HISTORY

List your employment history beginning with the most recent. Include full or part-time, military, summer jobs, etc.

May we contact your present employer? Yes No

NAME OF EMPLOYER		EMPLOYER'S ADDRESS
YOUR JOB TITLE		SUPERVISOR'S NAME, TITLE AND COMPANY PHONE NUMBER
START DATE	END DATE	REASON FOR LEAVING
STARTING SALARY	END SALARY	Was Position <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
DUTIES		
NAME OF EMPLOYER		EMPLOYER'S ADDRESS
YOUR JOB TITLE		SUPERVISOR'S NAME, TITLE AND COMPANY PHONE NUMBER
START DATE	END DATE	REASON FOR LEAVING
STARTING SALARY	END SALARY	Was Position <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
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DUTIES		

REFERENCES

List 4 persons who are not related to you and who would have knowledge of your qualifications for the position(s) for which you are applying, such as former co-workers, teachers, etc. Do not repeat names of supervisors listed under experience.

NAME	ADDRESS	TELEPHONE	OCCUPATION
		EMAIL	
NAME	ADDRESS	TELEPHONE	OCCUPATION
		EMAIL	
NAME	ADDRESS	TELEPHONE	OCCUPATION
		EMAIL	
NAME	ADDRESS	TELEPHONE	OCCUPATION
		EMAIL	

GENERAL INFORMATION

Have you ever been convicted of a crime against the law (other than a traffic violation), or paid a fine of more than \$150.00?

Yes No

If **yes**, please list the following information for each offense:

Conviction type (Felony/Misdemeanor) _____ Date: _____

Location: _____ Offense: _____

Please Note: A conviction does not automatically mean you cannot be hired/appointed. What you were convicted of, and how long ago, are important. Give all facts so that a decision can be made.

ACKNOWLEDGMENT AND AUTHORIZATION TO RELEASE INFORMATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision and authorize any person who may have information relative to this investigation to disclose same. I also release any person from any form of liability for such disclosure

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 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 an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. As part of our procedure for processing your employment application, a background investigation will be conducted and your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the US, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms.

I understand and agree to the information shown above:

Signature: _____ Date: _____

Social Security Number _____

-EMPLOYER USE ONLY-

Can candidate perform the essential functions of the job for which they are applying, either with or without reasonable accommodation? YES NO

LAPORTE COUNTY EEO DATA SHEET

The Federal Government requires the following information be collected in order to for us to demonstrate compliance with Equal Employment Opportunity and Affirmative Action. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

This data sheet will be detached from your Application for Employment by the Human Resources Department and will in no way be used to make employment decisions or for other employment purposes. We do appreciate your providing us with this information and thank you for assisting us in our data collection efforts.

PERSONAL DATA

Name: _____ Date of Application: _____

Date of Birth: _____ Gender: _____

Position Applied For/Department: _____

REFERRAL SOURCE: Where did you hear about the job opening you are applying for?

Please check one:

- Job Vacancy Notice Herald Argus Newspaper
- County Website News Dispatch Newspaper
- Internet Job Posting County Department
- County Employee Private Employment Agency (specify)
- Family Member/Friend Call-in
- Workforce Development Community Agency (specify)
- Other - Not listed above (specify)

ETHNIC GROUP Please check one:

- White Black Other
- Hispanic Asian/Pacific Islander
- American Indian or Alaskan Native

VETERANS STATUS Are you a veteran of any branch of the U.S. Armed Forces?

Yes No

If yes, Branch _____