



LAPORTE COUNTY GOVERNMENT

Human Resources
555 Michigan Avenue, Suite 205
LaPorte, Indiana 46350
Phone: (219) 326-6808 Ext. 2203
Fax: (219) 362-3093

EMPLOYMENT APPLICATION

View job openings at the LaPorte County Web Site:
www.laportecounty.org

An Equal Opportunity Employer

Date: _____

PERSONAL DATA

Name:			Soc. Sec. No.:		
(LAST)	(FIRST)	(MIDDLE INITIAL)			
Address:					
(Number, Street, Apt. No., etc)		(City)	(State)	(Zip Code)	
Home Telephone: ()		Business Telephone: ()		E-mail:	
Will you accept:		Are you at least 18 years of age?		Are you legally eligible to be employed in the United States? (Proof of identity will be required upon employment)	
Temporary Work	Yes No	Yes No	Yes No		
Part-Time Work	Yes No	Yes No	Yes No		
Shift Work	Yes No	If no, age _____	Date available to start:		
Position(s) or Title you are applying:			Have you ever been employed with LaPorte County Government?		
Expected Salary: \$ per			Yes No		
			If yes, date of employment & position held: _____		

EDUCATION AND TRAINING

Are you a high school graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		year: _____		If no, do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have no High School Diploma or GED, highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12					
High School Name or GED Institution:			Location (City/ State):		
SCHOOLS	NAME & LOCATIONS	COURSE/ MAJOR STUDIED	NUMBER OF YEARS COMP	Type of Degree	Credits Completed
College/ University			① ② ③ ④		
Graduate/ Professional			① ② ③ ④		
Vocational/ Other			① ② ③ ④		
Other training you received (for example: special courses, work training programs, foreign languages, law enforcement, certifications).					

SKILLS

WORD PROCESSING: <input type="checkbox"/> Microsoft Word <input type="checkbox"/> WordPerfect		GRAPHICS: <input type="checkbox"/> PowerPoint <input type="checkbox"/> Adobe	
Other: _____		Other: _____	
SPREADSHEET: <input type="checkbox"/> Excel Other: _____		DATABASE: <input type="checkbox"/> Microsoft Access Other: _____	
ELECTRONIC MAIL: <input type="checkbox"/> Outlook Other: _____		<input type="checkbox"/> Fax <input type="checkbox"/> Typewriter Other: _____	
Please list any other information that may be helpful in considering your application.			

WORK HISTORY

EXPERIENCE- Start with your present or last job and work back. Include paid or unpaid, full or part-time, military, summer jobs, etc.

May we contact your present employer? YES NO

Name of Employer	Address, City, State			
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Telephone ()	Start Date	End Date	Start Salary	End Salary
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Supervisor Name, title and phone number	Reason for leaving			
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Job Title	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary			
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Description of duties and responsibilities:

Name of Employer	Address, City, State			
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Telephone ()	Start Date	End Date	Start Salary	End Salary
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Supervisor Name, title and phone number	Reason for leaving			
---	--------------------	--	--	--

Job Title	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary			
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Description of duties and responsibilities:

Name of Employer	Address, City, State			
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Telephone ()	Start Date	End Date	Start Salary	End Salary
---------------------	------------	----------	--------------	------------

Supervisor Name, title and phone number	Reason for leaving			
---	--------------------	--	--	--

Job Title	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary			
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Description of duties and responsibilities:

Name of Employer	Address, City, State			
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Telephone ()	Start Date	End Date	Start Salary	End Salary
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Supervisor Name, title and phone number	Reason for leaving			
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Job Title	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary			
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Description of duties and responsibilities:

Name of Employer		Address, City, State		
Telephone ()	Start Date	End Date	Start Salary	End Salary
Supervisor Name, title and phone number		Reason for leaving		
Job Title		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Seasonal
		<input type="checkbox"/> Temporary		
Description of duties and responsibilities:				

GENERAL INFORMATION

Have you ever been arrested or convicted of a crime against the law (other than a traffic violation), or paid a fine of more than \$150? YES NO

If **yes**, please list the following information for each offense: Conviction type (Felony/ Misdemeanor) _____ Date: _____

Location: _____ Offense: _____

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

REFERENCES- List 3 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

How did you hear about this job opening?

Walk-In Word of Mouth Referral Newspaper LaPorte County Website Other: _____

FOR SHERIFF'S OFFICE APPLICATION PROCESS ONLY

DO YOU CURRENTLY POSSESS A VALID DRIVERS LICENSE? YES NO STATE: _____

LICENSE NUMBER: _____ IS YOUR LICENSE RESTRICTED? YES NO

IF SUSPENDED, ADVISE REASON HERE

AND BELOW: _____

Any Doctor, Hospital, or Medical Clinic.

Any Principal, Dean/Counselor, or person authorized to release information at a High School, College, University, or other institution of learning.

DATE: _____

SIGNATURE: _____

MAIDEN NAME: _____

RACE: _____

SEX: _____

DATE OF BIRTH: _____

CITY/STATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

Post Employment Application

Employee Name: _____

Social Security #: _____

Address: _____

Phone #: _____

Position Title: _____

Alternate Phone #: _____

Salary: _____

Department: _____

Emergency Contact

Name: _____

Address: _____

Relationship: _____

Alternate Phone #: _____

Phone #: _____

Employee Signature of Verification

CONDITIONS OF EMPLOYMENT

The following describes some of the employment requirements and conditions that you should be aware of prior to completing your **Application for Employment**.

1. If hired, you will be required to take a standard medical and eye examination and your continued employment will be subject to your ability to satisfactorily perform the duties and responsibilities of your position. After successful completion of your medical exams you will be required to take and satisfactorily pass a Voice Stress Analysis (VSA) test to be conducted by a Certified VSA operator. (Sheriff's Office Employment Only)
2. If hired, you will be required to satisfactorily complete a screening drug test, upon demand, at department expense.
3. If hired, you will be required to comply with the LaPorte County Sheriff Office established policies, rules, regulation and general orders pertaining to the conduct of employees, as well as the established *general* policies of the LaPorte County Government.

I have read the foregoing Conditions of Employment and I agree with the terms and conditions therein.

In addition, I authorize investigation of all statements contained in my employment application. I understand that my employment is contingent upon satisfactory completion of a physical and eye examination, Voice Stress Analysis test and drug screening test. (Sheriff Office Only) Any Statements made by me that are proven false may be considered cause for dismissal. I hereby authorize former employers and educational institutions, their officers, agents or employees to furnish the LaPorte County Government any information concerning my previous employment record, job performance and character and hereby release them from liability for reason thereof.

SIGNATURE

DATE