EMPLOYMENT APPLICATION
ELKHART COUNTY

Human Resources
117 North Second Street, Room 113
Goshen, IN 46526-3231
Phone: (574) 535-6725 Fax: (574) 535-6750

INSTRUCTIONS: Print in ink or use typewriter. Every question must be answered. If a question does not apply to you, state with N/A. If space is not sufficient, attach a separate sheet. DO NOT MISSTATE OR OMIT facts since the statements made herein are subject to verification to determine your qualifications for employment. Fill out completely and sign. Incomplete applications will be discarded.

Elkhart County is an Equal Employment Opportunity Employer. Applicants are considered for employment without regard to race, color, national origin, sex, age, disability, veteran status, genetic information, or any other basis prohibited by law, unless such basis constitutes a bona fide occupational qualification. Elkhart County will comply with its legal obligations to provide reasonable accommodation to qualified disabled applicants.

Last Name	First Name	Middle Name	Date of Application
Present Address			Telephone Number
City	State		Alternate Telephone Number
Positions(s) Applying For:			Hours and Day Available
E-Mail Address:			
Availability for Employment: Do you want to work — ☐ Full Time ☐ Part Time If hired, how soon could you begin work?			Minimum Salary Acceptable

Note: If you wish to attach a resume you may do so -- however, please answer all questions your resume does not cover and sign the application form. Where your resume covers the required information indicate this with "See Resume".

EDUCATION:

A. List all high schools and universities attended. If requested, attach transcripts. List other schools or training (trade, vocational, business, or military).

NAME	LOCATION	COURSES/ TYPE	DEGREE

B. Give a brief description of your major course of study.

EMPLOYMENT HISTORY

Please list your complete employment history. Begin with present or most recent employer. Use additional page if necessary.

Name and Address of Employer	From Date	Position Held	Reason For Leaving
	To Date	Supervisor's Name & Title	
			Ending Salary

Describe in Detail the Work You Did

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Describe in Detail the Work You Did

Were you ever Discharged or Forced to Resign from any position? ☐ Yes ☐ No

If Yes, why?

May we refer to your Previous Employers? ☐ Yes ☐ No If No, Which Employer and why?

May we Refer to your Present Employer? ☐ Yes ☐ No

Have you previously worked for Elkhart County? ☐ Yes ☐ No If so, what department?_____

Reason for leaving:

SPECIAL KNOWLEDGE, SKILLS AND ABILITIES

List any appropriate knowledge or skills you may have relevant to your position interests. If not relevant check N/A.

A. Indicate clerical skills you possess and office equipment you can operate.

Skills:
N/AG Words per minute: Keyboarding_____ Shorthand_____ Special Terminology – Medical ❑ Legal ❑ Statistical ❑

Tape Transcription_____

Equipment:
G Computer ❑ Calculator ❑ N/A
Please indicate type of equipment and software

_____

_____

❑ Telephone Switchboard Type:_____

Number of Lines:_____

B. Indicate trade skills you possess, machinery you can operate and other special technical capabilities.

C. Indicate any special professional and/or paraprofessional skills, knowledge or licenses you have.

CONVICTIONS

Have you ever been convicted of, or plead guilty to an offense other than a minor traffic violation? (Do not include convictions while a minor and/or convictions expunged or sealed by Court order.) ❑ Yes ❑ No

If yes, please state the conviction date(s), city and state, and disposition.

PLEASE NOTE:
A conviction record is not an automatic bar to employment unless required by law. Factors such as recency, type of offense, seriousness, nature of violation, and rehabilitation will be considered as it relates to the job for which you are applying.

COMPLETE ONLY IF ESSENTIAL FUNCTION OF JOB INVOLVES DRIVING

If you are applying for a position that requires operation of a motor vehicle, please complete the following section:

Do you presently have a valid driver's license?.

Type of License	State Issued	Expiration Date	Restrictions

Within the last five (5) years have you

- been denied issuance of a license? ❑ Yes ❑ No
- had a license suspended or revoked? ❑ Yes ❑ No
- been denied automobile insurance? ❑ Yes ❑ No
- had insurance withdrawn or revoked? ❑ Yes ❑ No

If the answer to any of the above questions is "Yes", explain in full:

Please read the following paragraphs before signing below.

A false answer to any question in this application may be grounds for not employing you, or for dismissing you after you begin work. All the information you give will be considered in reviewing your application and is subject to investigation.

"I certify that all the statements made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I authorize my previous employers, schools or persons named to give Elkhart County any information regarding my employment or educational background. I grant my permission for any investigation of the information I have provided in this application. I further understand the information is job-related and non-discriminatory."

Signature _____ Date Signed _____

DO NOT WRITE BELOW THIS LINE.

Interviewer's Comments

ELKHART COUNTY EEO DATA SHEET

Employer is subject to certain government record keeping and reporting requirements for the administration of civil rights law and regulations. In order to comply with these laws, Elkhart County invites employees to voluntarily self identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. This sheet and the information obtained will be detached from you Application for Employment by Human Resources, will be kept confidential and may only be used in accordance with the provisions and applicable laws, executive orders, and regulations, including those that require the information be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.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:_____

Sex: _____

Position Applied For/Department: _____

REFERRAL SOURCE: Where did you hear about the job opening you are applying for? PLEASE CHECK ONLY ONE.

( ) Job Vacancy Notice

( ) County Website

( ) Internet Job Posting

( ) County Department

( ) County Employee

( ) Family Member/Friend

( ) Call In

( ) Workforce Development

( ) Goshen News

( ) Elkhart Truth

( ) Other Newspaper (specify)

_____

( ) Private Employment Agency (specify)

_____

( ) Community Agency (specify)

_____

ETHNIC GROUP Please Check One

( ) White ( ) Black

( ) Hispanic ( ) Asian

( ) Pacific Islander ( ) American Indian or Alaskan Native

VETERANS STATUS Are you a veteran of any branch of the US Armed Forces?

( ) Yes ( ) No If yes, Branch_____