



## Monroe County Government Employment Application

An Equal Opportunity Employer

The County of Monroe, 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 NOTE: It is important that you complete all parts of the application. If your application is incomplete, notes "see resume," or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

PLEASE PRINT.

Position Sought:	
Name and Address	
Last Name:	First Name, Middle Initial:
Street/Mailing Address:	
City, State, Zip:	
Home Phone:	Mobile Phone:
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For Sheriff's Department or Youth Services Bureau: Applicants: are you at least 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you interested in: <input type="checkbox"/> Full-time work <input type="checkbox"/> Part-time work <input type="checkbox"/> Seasonal/temporary work	
Date you are available to start work:	
Have you previously been employed by Monroe County Government? <input type="checkbox"/> Yes <input type="checkbox"/> No If <u>yes</u> , in what department were you employed, and on what dates?	
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of, or entered a plea of guilty or no contest, or had a withheld judgment to a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If <u>yes</u> , please explain:	

**EMPLOYMENT HISTORY AND WORK EXPERIENCE**

Beginning with your current or most recent employer, list your employment history and work experience for the past 3 years. Failure to include past employment may result in your application not being accepted. PLEASE PRINT.

**Current/Most Recent Employer:**

Address:	City/State/Zip:
Phone:	Supervisor:
Hire Date:	Position:
Beginning Salary: \$            per	Current Salary: \$            per
Briefly describe your work duties and responsibilities:	
Why do you wish to leave this position?	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No        If no, please tell us why:	

**Previous Employer:**

Address:	City/State/Zip:
Phone:	Supervisor:
Hire Date:	Position:
Beginning Salary: \$            per	Current Salary: \$            per
Briefly describe your work duties and responsibilities:	
Why do you wish to leave this position?	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No        If no, please tell us why:	

**Previous Employer:**

Address:	City/State/Zip:
Phone:	Supervisor:
Hire Date:	Position:
Beginning Salary: \$            per	Current Salary: \$            per
Briefly describe your work duties and responsibilities:	

Why do you wish to leave this position?

May we contact this employer?  Yes  No If no, please tell us why:

**EDUCATION, TRAINING, AND PROFESSIONAL LICENSING**

Level	Name & Location	Dates Attended	Major	Degree/GED and Year Awarded
High School				
College				
Trade School				
Graduate School				

If relevant to the position you are seeking, please tell us about any specialized training, awards, seminars, workshops, published articles, etc. that you have received. You may exclude any which indicate race, color, religion, gender, age, national origin, or disability.

Please list any professional or special licenses or certificates you hold:

State	Issued by	Date Issued	Expiration	Type	License #

List any current or previous professional or volunteer affiliations or organizations and related offices or positions held:

Organization	Address	Phone	Office/Positions

YOUTH SERVICES BUREAU APPLICANTS: Please provide at least three professional references and their contact information.

Name	Title	Phone	Email

MILITARY HISTORY AND STATUS

If you have served in the military, list your history and status below:

Military Branch	Dates Of Services	Highest Rank	Rank at Separation
Type of Discharge:			
Citations or Awards Received:			

PERSONAL INFORMATION

Have you ever been convicted of a felony?  Yes  No

If yes, please explain:

Monroe County Government encourages its employees to participate in its voluntary wellness program through Activate Clinic, which is available to our employees who are enrolled in one of the County's medical plans. Should you be hired, will you want to participate in this program?  Yes  No

## APPLICANT CERTIFICATION

All applicants are to read and complete the section below.

Please read and initial the following statement:

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with Monroe County Government terminated. I understand that by typing my initials and my name and date in the corresponding fields, this will be my digital signature, indicating my agreement to the terms contained in this application disclaimer.

I hereby authorize Monroe County Government to obtain an investigative consumer report and/or consumer credit report for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Monroe County Government may utilize an outside firm or firms to assist it in checking such information, which may include information regarding educational background; work history; personal financial status and credit history; court records, including criminal conviction record, as permitted by law; driving history; verifications of Social Security number; and references obtained from professional and personal associates. I further understand and agree that an investigative consumer report and/or consumer credit report may be obtained at any time, and any number of times, as the County in its sole discretion determines is necessary before, during or after my employment.

I understand and accept that if I am hired, my employment may be conditional upon passing any medical and/or psychological examinations deemed necessary in determining my ability to perform the essential functions of the position for which I am hired. I also understand that this may include drug, alcohol, or substance abuse testing. By submitting this document, I hereby agree that I will execute the County's conditional and post-employment medical examination and drug testing consent requirements. I recognize that, if hired, my continued employment with the County may be jeopardized if I engage in substance abuse, illegal drug use, and/or alcohol abuse.

Should I be employed by Monroe County Government, I understand that, unless otherwise defined by applicable law, my employment to be "at will," meaning that both I and the County reserve the right to terminate the employment relationship at any time, for any reason, without notice or cause. This "at will" employment may not be changed by any written document or by conduct unless such change is specifically acknowledged and authorized in writing by the Board of Commissioners.

I further acknowledge that this application does not constitute either a contract or a guarantee of employment.

Initial here: \_\_\_\_\_

This section to be completed by Sheriff Department applicants only.

Please read and initial the following statement:

I understand that the employer provides sheriff service on a seven day per week and twenty-four hour per day service, and therefore, if employed by the Sheriff's Department, I may be required to work evening shifts or night shifts, including weekends. In addition, I understand that if I am hired as a sworn officer on the Sheriff's Department, that I must successfully complete required training and courses specified, and be certified by the State of Indiana Police Academy.

Initial here: \_\_\_\_\_

Applicant Signature

Date

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