

**APPLICATION FOR EMPLOYMENT  
WARRICK COUNTY SHERIFF'S OFFICE  
AN EQUAL OPPORTUNITY EMPLOYER**

**ALL STATEMENTS MADE BY APPLICANTS FOR EMPLOYMENT ON THIS  
APPLICATION FORM WILL BE CHECKED FOR ACCURACY. WE OFFER  
EQUAL EMPLOYMENT OPPORTUNITIES TO ALL PERSONS WITHOUT REGARD  
TO RACE, COLOR, RELIGION, AGE, MARITAL OR VETERANS' STATUS, SEX,  
NATIONAL ORIGIN, DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS.**

**PERSONAL INFORMATION**

PLEASE PRINT OR TYPE RESPONSES

NAME \_\_\_\_\_

ALIAS/MAIDEN NAMES: \_\_\_\_\_

HOME OR NEAREST PHONE \_\_\_\_\_ EMERGENCY PHONE NO. \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_  
\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DRIVERS LICENSE NO \_\_\_\_\_

ARE YOU OVER THE AGE OF 18? \_\_\_\_ YES \_\_\_\_ NO

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? \_\_\_\_ YES \_\_\_\_ NO

IF NOT, WHY? \_\_\_\_\_

POSITION(S) APPLIED FOR \_\_\_\_\_

HOW DID YOU FIND OUT ABOUT THIS POSITION? \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

HOW SOON COULD YOU REPORT TO WORK \_\_\_\_\_

TYPE OF EMPLOYMENT \_\_\_\_ FULL TIME \_\_\_\_ PART TIME \_\_\_\_ TEMPORARY

HAVE YOU APPLIED FOR A JOB WITH US BEFORE? \_\_\_\_ YES \_\_\_\_ NO

HAVE YOU EVER WORKED FOR US BEFORE? \_\_\_\_ YES \_\_\_\_ NO

HAVE YOU EVER BEEN BONDED? \_\_\_\_ YES \_\_\_\_ NO

HAVE YOU EVER REFUSED A BOND? \_\_\_\_ YES \_\_\_\_ NO

IF SO, STATE REASON AND DATE. \_\_\_\_\_

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? \_\_\_\_ YES \_\_\_\_ NO

IF YES, BRANCH? \_\_\_\_\_ DATE ENTERED \_\_\_\_\_ DATE DISCHARGED \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME EXCEPT A MINOR TRAFFIC VIOLATION?

\_\_\_\_ YES \_\_\_\_ NO. IF SO, STATE CITATION, DATE, COURT AND PLACE WHERE OFFENSE

OCCURRED. \_\_\_\_\_

HAVE YOU EVER BEEN DISCHARGED OR REQUESTED TO RESIGN FROM A POSITION?

\_\_\_\_ YES \_\_\_\_ NO. IF YES, GIVE CIRCUMSTANCES \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_ YES \_\_\_\_ NO

WHY DO YOU DESIRE TO MAKE A CHANGE? \_\_\_\_\_

HAVE YOU EVER HELD A POSITION OF TRUST (HANDLING MONEY OR CONFIDENTIAL

MATERIAL)? \_\_\_\_ YES \_\_\_\_ NO

### **PRIOR WORK RECORD**

**(START WITH MOST RECENT OR PRESENT EMPLOYER AND COMPLETE IN FULL )**

1. EMPLOYER NAME AND ADDRESS \_\_\_\_\_

\_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

IMMEDIATE SUPERVISORS NAME \_\_\_\_\_ DATE HIRE \_\_\_\_\_

JOB TITLE AND DUTIES \_\_\_\_\_

DATE LEFT \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER? \_\_\_\_ YES \_\_\_\_ NO

2. EMPLOYER NAME AND ADDRESS \_\_\_\_\_

\_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

IMMEDIATE SUPERVISORS NAME \_\_\_\_\_ DATE HIRE \_\_\_\_\_

JOB TITLE AND DUTIES \_\_\_\_\_

DATE LEFT \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER? \_\_\_\_ YES \_\_\_\_ NO

3. EMPLOYER NAME AND ADDRESS \_\_\_\_\_

\_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

IMMEDIATE SUPERVISORS NAME \_\_\_\_\_ DATE HIRE \_\_\_\_\_

JOB TITLE AND DUTIES \_\_\_\_\_

DATE LEFT \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER? \_\_\_\_ YES \_\_\_\_ NO

PLEASE PROVIDE ANY ADDITIONAL INFORMATION SUCH AS SPECIAL SKILLS, TRAINING, MANAGEMENT EXPERIENCE, EQUIPMENT OPERATION, OR QUALIFICATIONS YOU FEEL WILL BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

**EDUCATION**

ELEMENTARY SCHOOL \_\_\_\_\_ LAST YR. COMPLETE \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ LAST YR. COMPLETE \_\_\_\_\_

COLLEGE \_\_\_\_\_ LAST YR. COMPLETE \_\_\_\_\_

LIST DEGREES REC'D EDUCATIONAL AWARDS REC'D \_\_\_\_\_

**REFERENCES**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

**JOB APPLICANT'S AGREEMENT AND CERTIFICATION**

"I CERTIFY THAT THE INFORMATION GIVEN BY ME IN THIS APPLICATION IS TRUE IN ALL RESPECTS, AND I AGREE THAT IF THE INFORMATION GIVEN IS FOUND TO BE FALSE IN ANY WAY, IT SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DENIAL OF EMPLOYMENT OR DISCHARGE. I AUTHORIZE THE PAST EMPLOYERS, ALL REFERENCES,

AND ANY OTHER PERSONS TO ANSWER ALL QUESTIONS ASKED CONCERNING MY ABILITY, CHARACTER, REPUTATION, AND PREVIOUS EMPLOYMENT RECORD. I RELEASE ALL SUCH PERSONS FROM ANY LIABILITY OR DAMAGES ON ACCOUNT OF HAVING FURNISHED SUCH INFORMATION.”

“I UNDERSTAND THAT NOTHING CONTAINED IN THIS EMPLOYMENT APPLICATION OR IN THE GRANTING OF AN INTERVIEW IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN WARRICK COUNTY, INDIANA, AND MYSELF FOR EITHER EMPLOYMENT OR FOR THE PROVIDING OF ANY BENEFIT. NO PROMISES REGARDING EMPLOYMENT HAVE BEEN MADE TO ME, AND I UNDERSTAND THAT NO SUCH PROMISES OR GUARANTEE IS BINDING UPON WARRICK COUNTY, INDIANA, UNLESS MADE IN WRITING. IF AN EMPLOYMENT RELATIONSHIP IS ESTABLISHED, I UNDERSTAND THAT I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME AND THAT WARRICK COUNTY, INDIANA, RETAINS THE SAME RIGHT.”

“I UNDERSTAND THAT PRIOR TO BEING OFFERED EMPLOYMENT WITH WARRICK COUNTY, INDIANA, I MAY BE REQUESTED TO TAKE AN EMPLOYMENT EXAMINATION. IN THE EVENT I HAVE A DISABILITY WHICH WILL AFFECT MY ABILITY TO TAKE THE TEST, I WILL SO INFORM WARRICK COUNTY, INDIANA, PRIOR TO THE ADMINISTRATION OF THE TEST SO THAT A REASONABLE ACCOMODATION CAN BE MADE. REQUESTED ACCOMODATIONS MAY INCLUDE ACCESSIBLE TESTING SITES, MODIFIED TESTING CONDITIONS, AND ACCESSIBLE TESTING FORMATS. WARRICK COUNTY, INDIANA, RESERVES THE RIGHT TO REQUIRE MEDICAL DOCUMENTATION CONCERNING THE NEED FOR THE ACCOMODATION.”

“I UNDERSTAND THAT IF EMPLOYED, POLICIES AND RULES WHICH ARE ISSUED ARE NOT CONDITIONS OF EMPLOYMENT AND THAT THE EMPLOYER MAY REVISE POLICIES OR PROCEDURES, IN WHOLE OR IN PART, AT ANY TIME.”

“I UNDERSTAND THAT THIS APPLICATION WILL BE KEPT ON ACTIVE FILE FOR 30 DAYS FROM THE DATE COMPLETED, AFTER WHICH TIME I WOULD HAVE TO REAPPLY IN ACCORDANCE WITH ESTABLISHED COMPANY PROCEDURES.”

I FURTHER UNDERSTAND THAT ANY OFFER OF EMPLOYMENT IS CONDITIONAL ON PASSING REQUIRED DRUG TESTING OR OTHER TESTING AS REQUIRED BY THE SHERIFF OR HIS DESIGNEE. I ALSO UNDERSTAND THAT THERE IS A PROBATIONARY PERIOD FOR ANY POSITION THAT I MAY BE HIRED FOR.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

IF YOU HAVE REVIEWED THE ESSENTIAL JOB FUNCTIONS AND DUTIES WHICH WERE PROVIDED WITH THIS APPLICATION AND YOU FEEL THAT YOU CAN PERFORM ALL DUTIES SIGN AND DATE BELOW.

NAME \_\_\_\_\_ \*\*Attach a copy of valid driver's license to this application.

DATE \_\_\_\_\_