

**GENERAL EMPLOYMENT APPLICATION
NOBLE COUNTY GOVERNMENT**

101 N Orange St.
Albion, IN 46701

INSTRUCTIONS: Complete this form electronically or print legibly in ink. Every question must be answered. If a question does not apply to you, indicate 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.

Noble County is an Equal Employment Opportunity Employer.

Last Name	First Name	Middle Name	Social Security Number
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Present Address	Phone Number
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City	State	Zip Code	Email address
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Position Applying for:	Date of Application	Emergency Phone Number
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Date Available for Employment	Hours and Days Available	Do you want to work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Salary Expected
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You may attach a resume to this application, however, this application must be completed in its entirety.

EDUCATION

A. List all high schools and universities attended. List other schools or training, trade, vocational, business or military.

School	Location	Years Attended	Date of Graduation	Courses/ Type	Degree
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B. Give a brief description of your major course of study. List any current professional licenses you hold.

EMPLOYMENT HISTORY

Begin with your current or most recent job

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

Description of job duties

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Description of job duties

Were you ever discharged for cause or forced to resign from any position? [] Yes [] No
If "Yes", why?

May we contact your previous employers? [] Yes [] No
If "No", which employer and why?

May we contact your current employer? [] Yes [] No

In the last five (5) years, how many days of work have you missed due to injury, illness or otherwise? _____

PHYSICAL / MENTAL HANDICAPS

Do you have any mental or physical handicaps, chronic diseases or disabilities that would limit your ability to perform the essential functions of the job you are applying for? Yes No

If so, are there any reasonable accommodations that you would need to be able to perform the essential functions of the job you are applying for?

SPECIAL KNOWLEDGE, SKILLS AND ABILITIES

List any appropriate knowledge or skills you may have relevant to your position interests.

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

Skills: Words per minute Typing _____ Shorthand _____
Special Terminology Medical Legal Statistical

Equipment: (check all of the following office equipment you can operate)
 Typewriter Transcription Copy Machine
 Word Processing Computer Multi-line Switchboard
 Calculator by touch by sight
 Other

Please indicate the types of equipment and software you are proficient with:

B. Indicate trade skills you possess and machinery that you can operate, also indicate other qualifications, skills or special licenses:

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

Please read the following paragraph before signing below:

A false answer to any question on this application may be grounds for not considering you for employment or for termination of employment after you begin work. All information you provide will be considered in reviewing your application and is subject to investigation.

“I certify that all of 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 Noble County any information regarding my employment or educational records. 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 not discriminatory.”

Signature

Date

Personal and Professional References:

Please attach a listing of references, providing 3 personal or professional references (persons who have known you for more than one year).

Name	Address	Phone/email	Relationship to Applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Driving History:

The position you are applying for may require the operation of a motor vehicle. Please complete the following information:

Type of Operator’s License Held	State Issued	Expiration Date	Restrictions
_____	_____	_____	_____

State the name and address of the insurance company with whom you now have automobile insurance:

(Attach a Certificate of Insurance verifying your present policy coverage, if requested)

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 completely.

Convictions

Have you ever been convicted of an infraction (such as speeding tickets), a misdemeanor or felony? Yes No

If “Yes”, list charge(s), date(s), place(s) of conviction or other details:

Please Note: A conviction record will not necessarily be a bar from employment. Factors, such as age, time of offense, seriousness and nature of violation, and rehabilitation, will be taken into consideration.

Please read the following paragraph carefully before signing the application.

Any additional information supplied on the employment application is true, complete, and correct to the best of my knowledge and belief and is made in good faith. I grant my permission for any investigation of the information I have provided on this application. I further understand the information requested is job-related and non-discriminatory.

Signature

Date

EEO DATA SHEET

The Federal Government requires that the following information be collected in order to show compliance with Equal Employment Opportunity and Affirmative Action. This information will in no way be used for any purpose other than reporting requirements to the Federal Government. Please complete this form and return it along with your employment application.

Personal Data:

Name: _____ Date of Application: _____

Date of Birth: _____ Sex: _____

Position applied for: _____

Referral Source (check one):

- | | |
|---|---|
| <input type="checkbox"/> Job Vacancy Notice | <input type="checkbox"/> Community Agency (specify) _____ |
| <input type="checkbox"/> Newspaper/Online Posting | <input type="checkbox"/> Employee |
| <input type="checkbox"/> State Employment Service | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Department Referral | <input type="checkbox"/> Walk-in |
| <input type="checkbox"/> Professional Journal | <input type="checkbox"/> Other (specify) _____ |

Ethnic Group:

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

Veteran Status:

- Branch _____
- Discharge Status _____
- Years of Service _____
- Active No longer active

Handicaps:

Are you considered mentally or physically handicapped in any way? If yes, please describe your handicaps.
