



Porter County Government Application For Employment

Form COMM00003
Revised (08/03)

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

POSITION(S) APPLIED FOR		DATE OF APPLICATION
HOW DID YOU LEARN ABOUT US?		
<input type="checkbox"/> ADVERTISEMENT	<input type="checkbox"/> FRIEND	<input type="checkbox"/> WALK-IN
<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> RELATIVE	<input type="checkbox"/> OTHER _____

LAST NAME		FIRST NAME	MIDDLE NAME	
ADDRESS NUMBER	STREET	CITY	STATE	ZIP CODE
TELEPHONE NUMBER(S)			SOCIAL SECURITY NUMBER	

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No Date: _____

Have you ever been employed with us before?

Yes No Date: _____

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?

(Proof of citizenship or immigration status will be required upon employment)

Yes No

On what date would you be available for work?

Are you available to work: Full Time Part Time

Shift Work Temporary

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

Have you been convicted of a felony in the last 7 years?

Yes No

If "Yes", please explain: _____

Education

	Name And Address Of School	Course Of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write.			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States Military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. If you need additional space, please continue on a separate sheet of paper.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate / Salary		
			Start	Final	
	Job Title	Supervisor			
	Reason For Leaving				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate / Salary		
			Start	Final	
	Job Title	Supervisor			
	Reason For Leaving				
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate / Salary		
			Start	Final	
	Job Title	Supervisor			
	Reason For Leaving				
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate / Salary		
			Start	Final	
	Job Title	Supervisor			
	Reason For Leaving				

List professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Additional Information

Other Qualifications. Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills. Check skills and equipment operated.
<input type="checkbox"/> Terminal <input type="checkbox"/> PC <input type="checkbox"/> Typewriter <input type="checkbox"/> Fax <input type="checkbox"/> Word Processor <input type="checkbox"/> Spreadsheet
Production / Mobile Machinery (list):
Other (list):

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes No

References		
1.	NAME	TELEPHONE
2.	NAME	TELEPHONE
3.	NAME	TELEPHONE
4.	NAME	TELEPHONE

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed forty-five (45) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

— FOR PERSONNEL DEPARTMENT USE ONLY —

Arrange Interview: Yes No

Remarks _____

Employed: Yes No

Date of Employment: _____

Job Title: _____

Hourly Rate/Salary: \$ _____

Dept.: _____

By: _____

Name and Title

_____ Date

NOTES: _____

— FOR PERSONNEL DEPARTMENT USE ONLY —

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date: _____

NOTES:

NAME: _____

POSITION: _____

DATE: _____