

# APPLICATION FOR EMPLOYMENT

## County of Grant, Indiana

*An Equal Opportunity Employer*

The County of Grant, 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 print responses to ALL questions on the application. Any application not completed in its entirety will be disqualified.**

Position Sought \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle initial \_\_\_\_\_ Former name(s) \_\_\_\_\_

Address \_\_\_\_\_ City/state/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email address \_\_\_\_\_

PSID \_\_\_\_\_

Valid Drivers License: YES / NO License number \_\_\_\_\_ State \_\_\_\_\_

Date Available to begin working \_\_\_\_\_

### EDUCATION AND TRAINING

Circle highest year of education: 1 2 3 4 5 6 7 8 9 10 11 12 College/Tech School: 1 2 3 4

Schools attended: High School attended \_\_\_\_\_

Diploma? YES \_\_\_ NO \_\_\_ GED? YES \_\_\_ NO \_\_\_

College/Tech \_\_\_\_\_

Degree? YES \_\_\_ NO \_\_\_ ( BS,BA,MS,or associate)

Additional Certifications or training:

EMR \_\_\_\_\_ year completed \_\_\_\_\_

EMT \_\_\_\_\_ Year completed \_\_\_\_\_ Expiration date \_\_\_\_\_

CPR \_\_\_\_\_ Date of last certification \_\_\_\_\_ Expiration date \_\_\_\_\_

Professional, Licensure or Specialized training in addition to those listed above: \_\_\_\_\_

## EMPLOYMENT HISTORY AND WORK EXPERIENCE

List all employment history and work experience during the previous five (5) years, beginning with your current employer.

If currently unemployed, check here \_\_\_\_\_ and skip to last employer below.

Current employer \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Hire Date \_\_\_\_\_ Job title \_\_\_\_\_

Briefly describe the work you do and how this would benefit you in performing the duties of this job:

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Why do you want to leave? \_\_\_\_\_

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Last Employer \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Hire Date \_\_\_\_\_ Job Title \_\_\_\_\_

Briefly describe the work you did and how this would benefit you in performing the duties of this job.

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### MANAGEMENT EXPERIENCE

Explain any previous management experience \_\_\_\_\_

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Are you at least 18 years of Age? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you related to an employee currently employed by Grant County? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, in

which department are they presently employed. \_\_\_\_\_

Have you ever served as a Volunteer for Grant County? NO \_\_\_\_\_ YES \_\_\_\_\_ If yes please explain as to what capacity and for how long. \_\_\_\_\_

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**PERSONAL INFORMATION**

Do you have any commitments which might interfere with or adversely affect your employment with us, such as a second job or school? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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Have you ever been convicted of a felony that has not been expunged or sealed? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Are you currently required to register as a sex offender in this or any other jurisdiction? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Have you ever served in the Military? YES \_\_\_\_\_ NO \_\_\_\_\_ If you answered yes please explain which branch, dates of service, highest rank obtained and Rank at Separation. \_\_\_\_\_

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Do you have any health concerns (such as weight lifting restrictions, medications, or disabilities) that would limit you from performing the duties of this job? YES \_\_\_\_\_ NO \_\_\_\_\_ If Yes, please explain:

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