

APPLICATION FOR EMPLOYMENT

County of Franklin, Indiana an Equal Opportunity Employer

Please type in gray area for responses to all questions.

The County of Franklin, Indiana, does not discriminate on the basis of race, color, gender, national origin, age, religion, or disability, in employment or the provision of services.

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: ()

Are you at least 18 years of age?

Yes: No:

Applicants for Sheriff Department: Are you at least 21 years of age?

Yes: No:

Are you related to an individual currently employed by the County?

Yes: No:

If yes, please state individual's name:

Are you interested in:

Full-time work? Yes No

Part-time work? Yes No

Temporary work? Yes No

Date available to start work:

EMPLOYMENT HISTORY AND WORK EXPERIENCE

List all employment history and work experience during the previous five years, beginning with your current employer. *Failure to include all past employment may be grounds for disqualification.*

If currently unemployed, check here and skip to **Previous employer** below.

! Current employer:

Address:

City/state/zip:

Phone: ()

Hire date:

Job title:

Beginning salary

per

Current salary

per

Supervisor:

Title:

Work phone: ()

Briefly describe the work you do, such as duties, responsibilities, equipment you operate, promotions:

Why do you want to leave?

May we contact your current employer? Yes: No: If no, please explain why:

! Previous employer:

Phone: ()

Address:

City/state/zip:

Dates employed: - Job title:

Beginning salary: per: Ending salary: per:

Supervisor: Title:

Work phone: ()

Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions:

Reason for leaving:

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

! Previous employer:

Phone: ()

Address:

City/state/zip:

Dates employed: - Job title:

Beginning salary: per: Ending salary: per:

Supervisor: Title:

Work phone: ()

Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions:

Reason for leaving:

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

! Previous employer:

Phone: ()

Address:

City/state/zip:

Dates employed: - Job title:

Beginning salary: per: Ending salary: per:

Supervisor: Title:

Work phone: ()

Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions:

Reason for leaving:

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

Λ If you had additional employers within the last five years, attach additional pages as needed.

List and explain periods of unemployment in the past five years:

From: to Reason:

From: to Reason:

EDUCATION AND TRAINING

This section is intended to give the employer information about education and training you have completed, and to describe your skills, knowledge and abilities to perform the duties of the position.

High school attended *Attach additional pages as needed.*

Name:

Address: City/state/zip:

Diploma? Yes No GED? Yes No

Activities, awards *(You may exclude any which indicate race, color, religion, gender, age, national origin, or disability):*

College(s) or Trade School(s) attended *Attach additional pages as needed.*

Name:

Dates attended: to

Address: City/state/zip:

Degree(s):

Major/minor course(s) of study:

! Name:

Dates attended: to

Address: City/state/zip:

Degree(s):

Major/minor course(s) of study:

! Activities, awards *(You may exclude any which indicate race, color, religion, gender, age, national origin, or disability):*

! Seminars/workshops, special awards, articles you have published, other information that may be relevant to the position you are seeking:

MILITARY HISTORY AND STATUS

If you have never served in the military on active duty, check here and skip to the next section.

Military Branch Dates of Service Highest Rank Attained Rank at Separation

Type of Discharge:

Citations/awards received:

PROFESSIONAL OR SPECIALIZED TRAINING

Specialized training:

Professional/special license(s) or certificate(s):

State Issued By Date Issued Expiration Type License #

Have you had any license suspended, revoked or terminated? Yes No If yes, explain:

PROFESSIONAL AFFILIATIONS

List current or previous affiliations/organizations and related offices/positions.

Organization Name Address Phone Offices/Positions