



Application for Employment

Conditions of employment are stated at the end of this form.
Please read carefully before you sign this application.
Application must be completed in full, even if attaching a resume.
Any application not completed in its entirety will be disqualified.

This application is only good for the following posted position: _____

Date of Application: _____

PERSONAL

Name: _____
Last First Middle Initial

Street Address: _____ City, State & Zip: _____

Telephone: _____ Email: _____

Can you perform the essential functions of the position with or without reasonable accommodations? YES [] NO []
If no, please explain. (If you have any questions as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question). _____

When would you be available to begin work? _____

Have you ever been arrested or convicted of a crime that has not been expunged by a court? YES [] NO []
(A conviction record will not necessarily be a bar to employment. Factors such as job relations, age and time of the offense, seriousness and nature of violation and rehabilitation will be taken into account). If yes, please explain: _____

Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? YES [] NO []

Are you over the age of 18 years? Yes [] NO [] If no, you may be required to provide authorization to work.

Do you have a valid driver's license? Yes [] NO [] Operators _____ CDL A _____ CDL B _____ License # _____

GENERAL INFORMATION

Have you ever worked for Wayne County Government before? YES [] NO []
If yes, where? _____ When: _____ Job Title: _____

Do you have any relatives or friends who work for Wayne County Government? YES [] NO []
If yes, who and where do they work? _____

Are you presently employed? YES [] NO [] If yes, may we contact your employer? YES [] NO []
If presently employed, why are you considering leaving? _____

Have you ever been discharged from any employment or asked to resign? YES [] NO []
If yes, please explain: _____

EDUCATION

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

	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate School				

Have you completed any special courses, seminars/and or training that would enable you to perform the position for which you are applying? YES [] NO [] *If yes, please describe:* _____

List academic honors, extracurricular activities, offices held, etc. in high school or college: *(Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)* _____

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying? YES [] NO [] *If yes, please explain and list offices held: (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities).*

EMPLOYMENT

Please explain any gaps in your periods of employment.
Failure to include all past employment may be grounds for disqualification.
Start with your present or most recent position:

Name of Employer		Telephone Number	
Full Address <i>(Including Street, City, State & Zip)</i>		Supervisor's Name and Title	
		Job Title	
Dates Employed		Rate of Pay	
From Month/Day/Year	To Month/Day/Year	Beginning	Final
Describe the Work Performed: _____			
Reason for leaving: _____			

Name of Employer		Telephone Number	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
		Job Title	
Dates Employed		Rate of Pay	
From Month/Day/Year	To Month/Day/Year	Beginning	Final
Describe the Work Performed: _____ _____			
Reason for leaving: _____			

Name of Employer		Telephone Number	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
		Job Title	
Dates Employed		Rate of Pay	
From Month/Day/Year	To Month/Day/Year	Beginning	Final
Describe the Work Performed: _____ _____			
Reason for leaving: _____			

Use additional sheet of paper if more space is necessary

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service, which you would like considered in connection with your application for employment.

ATTENDANCE AND PUNCTUALITY INFORMATION

Consistent attendance and punctuality are essential requirements of every job with Wayne County Government. Is there anything, which would interfere with your regular attendance and punctuality if you are offered a job with Wayne County Government? YES [] NO [] *If yes, please explain:* _____

PERSONAL REFERENCES

List three references who are not related to you and are not former employers or supervisors.

Name	How do you know this individual?
Full Address Street _____ City _____ State _____ Zip _____	Telephone Number

Name	How do you know this individual?
Full Address Street _____ City _____ State _____ Zip _____	Telephone Number

Name	How do you know this individual?
Full Address Street _____ City _____ State _____ Zip _____	Telephone Number

WAYNE COUNTY GOVERNMENT IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.

**NOTIFICATION AND AGREEMENT
PLEASE READ CAREFULLY BEFORE SIGNING**

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Wayne County Government that such employment with Wayne County Government is at will, for no specified duration and may be terminated by either Wayne County Government or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Wayne County Government or its representatives used during the employment process is deemed a contract of employment real or implied.

In consideration for employment with Wayne County Government, if employed, I agree to conform to the rules, regulations, policies and procedures of Wayne County Government at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Wayne County Government business, attendance and punctuality are considered essential requirements of every job and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with Wayne County Government, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Wayne County Government and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for the above listed vacant position. If I wish to be considered for employment for another Wayne County Government position, I must complete and submit a new application.

By signing below, I acknowledge that I have read, understood and agreed to the above statements.

Applicant Signature _____ Date: _____

**Wayne County Government
Human Resources Department
401 East Main Street
Richmond, Indiana 47374
(765) 973-9239
Fax: 765-973-9321**