

GENERAL EMPLOYMENT APPLICATION
NOBLE COUNTY SHERIFF'S DEPARTMENT

P. O. Box 22
Albion, IN 46701

INSTRUCTIONS: Print in Ink or use a typewriter. 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	Telephone Number
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City	State	Zip Code	Alternate Telephone Number
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Position Applying for:	Date of Application	Emergency Number
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Date Available for Employment	Hours and Days Available	Do you want to work [] Full Time [] Part Time
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You may attach a resume to this application, however, this application must be completed in its entirety.	Minimum Salary Accepted
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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 To Date	Position Held	Reason for Leaving
_____	_____	Supervisor's Name and Title	_____
_____	_____	_____	Ending Salary

Describe in detail the work you did

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

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

Describe in detail the work you did

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

Describe in detail the work you did

Were you ever discharged 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? _____

For what reason? _____

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 Licenses 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, date, place 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 | <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.
