

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state, and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, color, sex, national origin, disability status, protected veteran status, age, religion, marital status, sexual orientation or any other characteristic protected by law.

Employees of this organization are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the organizations elected officials. Each employee is expected to conduct him / herself in a manner which reflects favorably upon the organization and recognize that our employees are subject to additional public scrutiny in their public and personal lives.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER COMPLYING WITH
ALL PROVISIONS OF THE AMERICANS WITH DISABILITIES ACT

INSTRUCTIONS

1. Read the instructions carefully before submitting application
2. Print / Type ALL requested information.
3. Answer all questions. If the question does not apply, state "NONE" or "DOES NOT APPLY."
4. ATTACHMENTS TO BE INCLUDED:
 - a. Copy of high school transcript. If not a high school graduate, attach a GED certificate.
 - b. Copy of all college or university transcripts.
 - c. Copy of military discharge, DD-214 (If you have had any military service).
 - d. Copies of certificates / licenses (Business, Professional, Technical, etc.).
5. All copies of attachments become the property of Lawrence County, Indiana and are not subject to return.
6. Applications will not be considered until complete in EVERY aspect.
7. Any misrepresentation of facts will disqualify the applicant.
8. Incomplete applications will not be returned.
9. Complete mailing addresses, including zip codes, are necessary as employment performance and personal reference questionnaires are mailed out.
10. Completed applications are considered for ONE year. After one year, the application can be updated and renewed for another year by notifying the personnel officer in writing. If notification is NOT received, the application WILL be purged.
11. It is important that you clearly indicate your mailing address and telephone number. In the event you change either one after filing this application, mail notification of change IMMEDIATELY. Notification of an interview will be made by U.S. mail.
12. No EXCEPTIONS will be made for anyone not meeting all requirements. Any application for Police Employment received by this office after competitive examinations begin shall be held until the following recruit training school.
13. Do not make inquiry regarding the status of your application. You will receive appropriate information concerning your application, routinely, in due time.
14. Do not submit a photocopy of this application. Only originals will be accepted.
15. BASIC ELIGIBILITY REQUIREMENTS:
 - a. Must be a United States citizen
 - b. Must be at least 21 years of age when appointed as a Police employee
 - c. Eye requirement - correctable to 20/20.
 - d. Must possess a valid driver's license.

POSITION APPLIED FOR

DEPUTY	DISPATCH	JAIL	ANIMAL CONTROL
MAINTENANCE	RESERVE	CIVIL	ADMINISTRATIVE

PERSONAL INFORMATION

FIRST NAME: MIDDLE NAME: LAST NAME:

PREFERRED NAME: OTHER NAMES YOU HAVE USED (Include Maiden):

SSN: DOB: D.L.#: ST.

STREET ADDRESS: CITY: ST. Zip:

HOME PHONE: CELL PHONE: BUS. PHONE: OTHER PHONE:

PRIOR EMPLOYMENT BY THIS DEPARTMENT? IF YES, WHEN?

DIVISION: SUPERVISOR: REASON FOR LEAVING:

HAVE YOU EVER BEEN CONVICTED OF A FELONY?
A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT. IF YES,
GIVE LOCATION, DATE, CHARGE, AND DISPOSITION ON SEPARATE PAGE.

DO YOU POSSESS A
VALID DRIVER'S LICENSE?

CAN YOU SUBMIT VERIFICATION OF YOU LEGAL RIGHT TO WORK IN THE U.S.?

HOW DID YOU HEAR ABOUT LCSD? REFFERED BY:

U.S. MILITARY SERVICE

BRANCH OF SERVICE: FROM: TO: DD214 ATTACHED?

TYPE OF DISCHARGE:

EDUCATION

HIGH SCHOOL: YR. CMPL: DEGREE:

ADDRESS: CITY: ST. ZIP:

COLLEGE: CR. HRS: MAJOR: YR. CMPL: DEGREE:

ADDRESS: CITY: ST. ZIP:

BUSINESS/TRADE SCHOOL: CR. HRS: MAJOR: YR. CMPL: DEGREE:

ADDRESS: CITY: ST. ZIP:

IF YOU NEED ADDITIONAL SPACE FOR ANY INFORMATION ON THIS PAGE ATTACH SEPARATE SHEET

COMPUTER SOFTWARE SKILLS

WORD PROCESSING PROFICIENCY LEVEL:

NAME OF SOFTWARE:

SPREEDSHEET PROFICIENCY LEVEL:

NAME OF SOFTWARE:

DATABASE PROFICIENCY LEVEL:

NAME OF SOFTWARE:

OTHER SOFTWARE PROFICIENCY LEVEL:

NAME OF SOFTWARE:

LICENSES / CERTIFICATIONS / ORGANIZATIONS

TYPE:

NAME:

ISSUED:

LICENSE #:

ST.

EXP.

JOB RELATED TRAINING

TYPE OF TRAINING:

COMPLETED:

EMPLOYMENT HISTORY

THIS PORTION MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME.
LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND
UNPAID/VOLUNTEER WORK.

BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES, OR COMMISSIONS.

EMPLOYER NAME:

POSITION:

SUPERVISOR:

ADDRESS:

CITY:

ST.

ZIP:

TELEPHONE:

TYPE OF BUSINESS:

FROM:

TO:

REASON FOR LEAVING:

STARTING SALARY:

ENDING SALARY:

FREQUENCY:

OTHER COMPENSATION:

EMPLOYER NAME:

POSITION:

SUPERVISOR:

ADDRESS:

CITY:

ST.

ZIP:

TELEPHONE:

TYPE OF BUSINESS:

FROM:

TO:

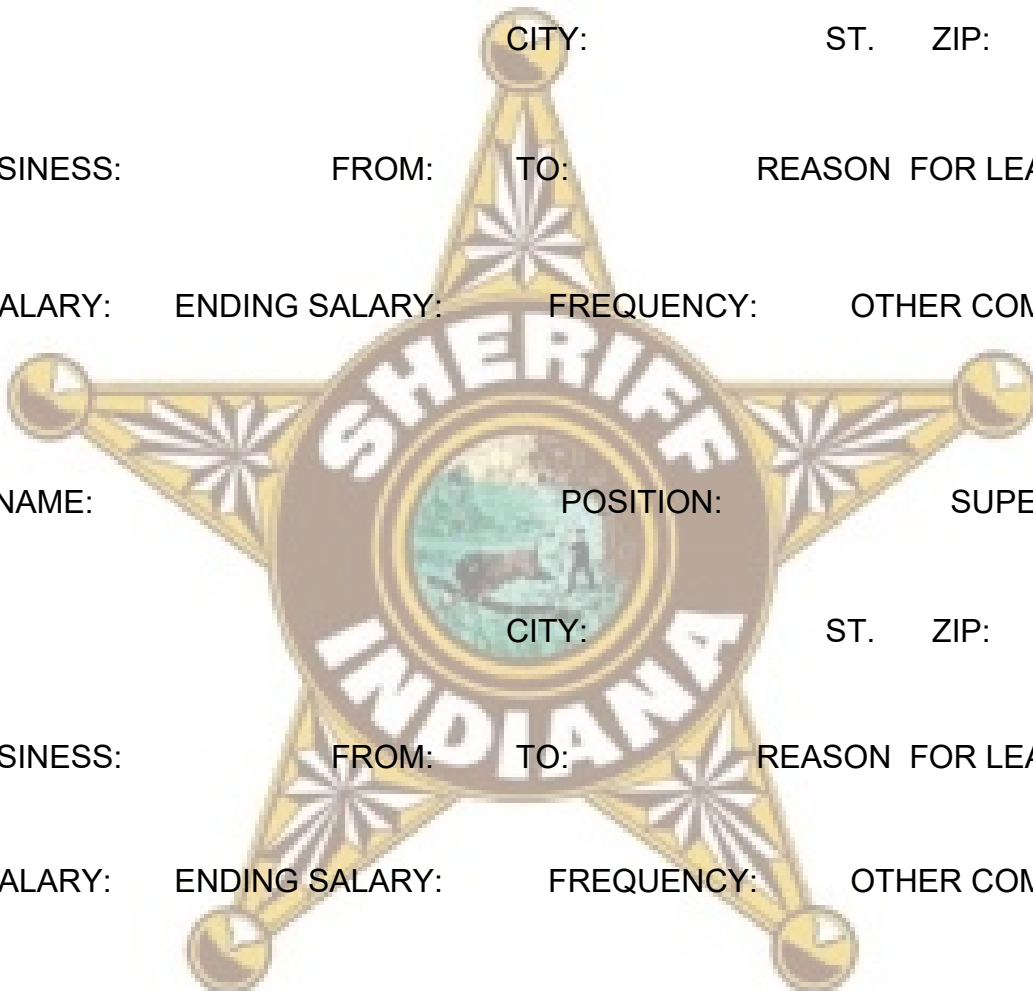
REASON FOR LEAVING:

STARTING SALARY:

ENDING SALARY:

FREQUENCY:

OTHER COMPENSATION:



EMPLOYMENT HISTORY CONTINUED

EMPLOYER NAME: POSITION: SUPERVISOR:
ADDRESS: CITY: ST. ZIP: TELEPHONE:

TYPE OF BUSINESS: FROM: TO: REASON FOR LEAVING:
STARTING SALARY: ENDING SALARY: FREQUENCY: OTHER COMPENSATION:

EMPLOYER NAME: POSITION: SUPERVISOR:
ADDRESS: CITY: ST. ZIP: TELEPHONE:

TYPE OF BUSINESS: FROM: TO: REASON FOR LEAVING:
STARTING SALARY: ENDING SALARY: FREQUENCY: OTHER COMPENSATION:

EMPLOYER NAME: POSITION: SUPERVISOR:
ADDRESS: CITY: ST. ZIP: TELEPHONE:

TYPE OF BUSINESS: FROM: TO: REASON FOR LEAVING:
STARTING SALARY: ENDING SALARY: FREQUENCY: OTHER COMPENSATION:

EMPLOYMENT HISTORY CONTINUED

EMPLOYER NAME:

POSITION:

SUPERVISOR:

ADDRESS:

CITY:

ST.

ZIP:

TELEPHONE:

TYPE OF BUSINESS:

FROM:

TO:

REASON FOR LEAVING:

STARTING SALARY:

ENDING SALARY:

FREQUENCY:

OTHER COMPENSATION:

EXPLANATION OF INTERRUPTION(S) IN EMPLOYMENT HISTORY:

REFERENCES

NAME:

RELATIONSHIP:

TELEPHONE:

ADDRESS:

CITY:

ST.

ZIP:

NAME:

RELATIONSHIP:

TELEPHONE:

ADDRESS:

CITY:

ST.

ZIP:

NAME:

RELATIONSHIP:

TELEPHONE:

ADDRESS:

CITY:

ST.

ZIP:

REFERENCES CONTINUED

NAME: RELATIONSHIP: TELEPHONE:

ADDRESS: CITY: ST. ZIP:

NAME: RELATIONSHIP: TELEPHONE:

ADDRESS: CITY: ST. ZIP:

NAME: RELATIONSHIP:

ADDRESS: CITY: ST. ZIP:

HOME PHONE: CELL PHONE: WORK PHONE: OTHER PHONE:



AUTHORIZATION & AGREEMENT

I HEREBY AUTHORIZE YOU TO CONTACT: MY PRESENT EMPLOYER(S): YES NO
MY PAST EMPLOYER(S): YES NO

As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background. Former employers, school record offices and personal, school and employment references may be contacted by a consumer reporting agency to verify and obtain information concerning your background, qualifications, school and work records. You may be asked to sign another form authorizing the release of school records or to supply grade transcripts. Information gathered about your background and qualifications will be used to help make a fair employment decision. This information will only be available to those participating in this decision or those who process employment applications. As part of this investigation, a check of criminal records will also be conducted by a consumer reporting agency. This agency may keep and use information it supplies to us in this inquiry, if one is made, is available to you upon written request. You will also be given a separate disclosure and authorization to review and sign concerning any reports prepared about your background for us by a consumer reporting agency that compiled the report.

CA and MN only: Check here if you wish to receive a copy of the consumer report directly from the consumer reporting agency that compiled the report.

I hereby authorize the employer, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize the employer and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorizations forms. I release the employer, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

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DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS

FAIR CREDIT REPORTING ACT

Disclosure & Authorization Statement

To: All Applicants for Employment (please read carefully before signing below)

In processing my application for employment, I understand the employer, it's representatives, employees or agents may obtain a consumer report and investigate consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens and information about my criminal conviction background consistent with state and federal law.

I understand that upon written request to the employer, I will be informed whether an investigative consumer report through a consumer reporting agency was requested and I will be given information as to the nature and scope of the investigation and summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or other with whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize this employer to obtain a consumer report and an investigative consumer report on me as part of the pre-employment background and investigation process. If I am offered employment, I further authorize my employer to obtain additional consumer and investigative consumer report and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original