

APPLICATION FOR VOLUNTEER EMPLOYMENT

**GRANT COUNTY EMERGENCY MANAGEMENT
AN EQUAL OPPORTUNITY ORGANIZATION**

Please print or type responses to all questions contained on the entire application form.
Any application not completed in its entirety will be disqualified.

LAST NAME: _____ FIRST NAME: _____

MIDDLE INITIAL: _____ FORMER NAMES: _____

PRESENT ADDRESS: _____ COUNTY: _____

CITY/STATE/ZIP: _____

PREVIOUS ADDRESS (IF APPLICABLE): _____

HOME PHONE: (____) - _____ CELL PHONE: (____) - _____

DO YOU CURRENTLY HOLD A VALID INDIANA DRIVER'S LICENSE? Y / N

LICENSE #: _____ TYPE: _____ DATE OF EXP: _____

PERSONAL INFORMATION

DO YOU HAVE ANY COMMITMENTS, (example, jobs, school, etc.) WHICH MIGHT INTERFERE WITH, OR ADVERSELY AFFECT YOUR VOLUNTEERING SHOULD WE SELECT YOU FOR A POSITION WITH THE EMERGENCY MANAGEMENT AGENCY?

YES: _____ NO: _____

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY?

YES: _____ NO: _____

IF YES, PLEASE EXPLAIN: (YOU MAY USE THE BACK PAGE IF NEEDED)

EMPLOYMENT HISTORY AND WORK EXPERIENCE

In this section, list all employment history and work experience for the past 5 years, or past 3 employers, whichever is longer. Please list by date, current employers first. Use additional paper if necessary.

Failure to completely answer each question will disqualify you from consideration.

CURRENT EMPLOYER: _____

MAY WE CONTACT THIS EMPLOYER? YES: _____ NO: _____

START DATE: _____ END DATE: _____

CURRENT EMPLOYER'S ADDRESS: _____

PHONE NUMBER: (____) - _____ JOB TITLE: _____

SUPERVISOR'S NAME: _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.

WHY DID YOU LEAVE (IF NO LONGER EMPLOYED)? _____

PREVIOUS EMPLOYER: _____

MAY WE CONTACT THIS EMPLOYER? YES: _____ NO: _____

START DATE: _____ END DATE: _____

ADDRESS: _____

PHONE NUMBER: (____) - _____ JOB TITLE: _____

SUPERVISOR'S NAME: _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.

REASON FOR LEAVING: _____

EMPLOYMENT CONTINUED

PREVIOUS EMPLOYER: _____

MAY WE CONTACT THIS EMPLOYER? YES: _____ NO: _____

START DATE: _____ END DATE: _____

ADDRESS: _____

PHONE NUMBER: ()- _____ JOB TITLE: _____

SUPERVISOR'S NAME: _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.

REASON FOR LEAVING: _____

HIGH SCHOOL ATTENDED:

DATES ATTENDED: _____

DID YOU GRADUATE? _____

PLEASE LIST THREE REFERENCES WHO ARE NOT RELATED TO YOU:

NAME: _____

PHONE NUMBER: ()- _____ ADDRESS: _____

NAME: _____

PHONE NUMBER: ()- _____ ADDRESS: _____

NAME: _____

PHONE NUMBER: ()- _____ ADDRESS: _____

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 EVER 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

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. PLACE YOUR INITIALS BY EACH PARAGRAPH TO INDICATE YOUR UNDERSTANDING AND CONSENT. IF YOU HAVE ANY QUESTIONS, PLEASE ASK THE DIRECTOR BEFORE INITIALING.

I understand and accept that the Grant County Emergency Management requires a high degree of integrity and confidentiality of its volunteers. I also understand that the various law enforcement and informational agencies that exchange information and data with the Grant County Emergency Management require that the volunteers do not have a past record of unlawful activities. Therefore, I understand and accept that it will be necessary for the Grant County Emergency Management to investigate my background for any criminal or unlawful activity.

Initials: _____

I understand and accept that, if I am hired, I may be hired conditional on passing any medical and/or psychological examinations that the Grant County Emergency Management deems necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials: _____

I understand that it may be necessary for me to approve and sign any waivers necessary in order for the Grant County Emergency Management to obtain information from my current and former Grant County Emergency Managements.

Initials: _____

I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the Grant County Emergency Management, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

I solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that my misrepresentations or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment.

Initials: _____

By submitting this document, I hereby agree that I shall execute the Grant County Emergency Management's conditional and post-employment medical examination and drug testing consent requirements. I recognize that my future employment with the Grant County Emergency Management will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

Initials: _____

The relationship between you and Grant County Government is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or Grant County Government. No representative of Grant County Government has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status.

Initials: _____

I SOLEMNLY SWEAR OR AFFIRM THAT ALL OF THE INFORMATION FURNISHED IN THE EMPLOYMENT APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MY MISREPRESENTATIONS OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYEMENT. I AUTHORIZE INVESTIGATION OF MY BACKGROUND FOR ANY CRIMINAL OR UNLAWFUL ACTIVITY.

I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE GRANT COUNTY EMERGENCY MANAGEMENT WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

BY SIGNING THIS APPLICATION I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE.

Applicant Signature

Date

DO NOT WRITE BELOW THIS LINE
APPLICANT REVIEW BOARD ONLY

1. _____
2. _____
3. _____
4. _____
5. _____

Criminal History Release Form

I, _____ Hereby Request
(Print first name) (Print middle initial) (Print last name)

the Grant County Sheriff Department, the Marion Police Department, or any other Law Enforcement Agency to release any criminal and or Traffic information on file to the Grant County Emergency Management Agency. (EMA) I hereby release the Grant County Sheriff Department, the Marion Police Department, the Grant County EMA and all involved Law Enforcement Agencies from all liability for damages whatsoever upon the release of this information.

Signed: _____

D.O.B. _____

Phone Number: _____

Today's Date: _____