

Shelby County Government
25 W. Polk Street
Shelbyville, IN 46176
Phone: 317-398-5537

Last Name

First Name

Street Address

City

State

Zip

Telephone Number

Email Address – Please print clearly

Is any additional information concerning change of name, use of an assumed name or nickname necessary, to enable a check on your work and education record? If yes, please explain.

Indicate your preference of employment at the Highway Garage:

- ☐ Full Time
☐ Part Time
☐ **Current CDL?** Yes____ No____ **Willing to obtain**____

When are you available to start work? _____

EMPLOYMENT HISTORY

Begin with current or most recent employer

Company	Position
Address	Supervisor
City, State, Zip	Start Date End Date
Telephone	Reason for Leaving

Company	Position
Address	Supervisor
City, State, Zip	Start Date End Date
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Address	Supervisor
City, State, Zip	Start Date End Date
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Depending upon the position you are applying for: If an essential job function requires heavy lifting (50-75 pounds) is there anything that would prevent you from performing this function?

☐ Yes ☐ No

If yes, please explain _____

PROFESSIONAL/WORKING REFERENCES

Name	City, State, Zip
Address	Telephone

Name	City, State, Zip
Address	Telephone

PERSONAL REFERENCES (No Relatives)

Name	City, State, Zip
Address	Telephone

Name	City, State, Zip
Address	Telephone

Have you ever been employed by Shelby County before? If yes, please provide approximate dates and position(s). ☐ Yes ☐ No _____

EDUCATIONAL BACKGROUND

School(s)	Years Attended/Graduated	Degree/Y or N/When

AGREEMENT

I certify that the information given in this application is true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) or any omission of information may result in discharge. I understand, also, that I am required to abide by all rules and handbook policies of Shelby County Government &/or the specific department.

Signature of Applicant

Date

In order to be considered for employment by the recipient(s) of the application, you must fully complete **the following questionnaire and sign it.**

1. Are you presently being investigated or under a procedure to consider for your discharge for misconduct by your present employer or have you offered a resignation to your previous employer?

☐ Yes ☐ No

If yes, explain the circumstances on a separate sheet and attach it to this application.

2. Have you ever been reprimanded, disciplined, discharged, or asked to resign from a prior position?

☐ Yes ☐ No

If yes, explain the circumstances on a separate sheet and attach it to this application.

3. Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation of your sexual contact with another person, of mishandling funds, or of criminal conduct resulting in a conviction or criminal penalty?

☐ Yes ☐ No

If yes, explain the circumstances on a separate sheet and attach it to this application.

4. Do you have an arrest record that has not been expunged or sealed?

☐ Yes ☐ No

If yes, explain, in detail, including the date of the charge, the court action, the offense in question, and the address of the court involved.

5. Are you currently required to register as a sex offender in this or any other jurisdiction?

☐ Yes ☐ No

If yes, explain, in detail, including the date of the charge, the court action, the offense in question, and the address of the court involved.

Conviction of a crime is not an automatic bar to employment. The recipient(s) of this application will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

Any false or misleading information in this application (or any omissions of information) shall be fully sufficient grounds to refuse to employ or, having been employed, shall be immediate cause for dismissal.

My signature below constitutes authorization to check my employment history, including without limitation, evaluations, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that the recipient(s) of this application contacts in connection with my employment application to fully provide the recipient(s) of this application any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the recipient(s) of this application, its agents and officials or against any provider of such information.

Signature of Applicant

Date

***Please return completed application to the County Highway Garage at 1304 N. Michigan Road or to HR in the Annex Building at 25 W. Polk Street, Rm 224.**