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Vigo County

APPLICATION FOR EMPLOYMENT

An equal Opportunity Employer M/F

COUNTY ANNEX 121 OAK STREET ~ COURTHOUSE ANNEX ~ (812) 462-3367 TERRE HAUTE, INDIANA 47807

Vigo County does not discriminate or	n the basis of age, sex, religion, race, colo	or, national orig	in, and handic	ap. Please fill out this	application completely.		
NAME (Last, First, Middle)	DATE:						
PRESENT ADDRESS (Street No., City, Sta	HOME PHONE:						
SOCIAL SECURITY NUMBER:	JOB APPLIED FOR:	ARE YOU OVER AGE EIGHTEEN ? © YES © NO			BUSINESS PHONE:		
Have you worked for Vigo County before? © YES © NO If yes, when:							
Are you employed now? ⑥ YES ⑥ NO		May we contact your present employer? © YES © NO					
Have you completed an application here befo	re? © YES © NO If yes, give date:						
Have you ever been convicted of a felony?] ⑥ YES ⑥ NO If yes, Describe :						
If currently employed, why do you wish to change?		Date available	for work:	Salary expected:			
NATURE OF WORK APPLIED FOR: *Please submit resume © Clerical © Maintenance © *Managerial © *Technical © *Professional □ © Other		APPLYING FOR: © Full Time © Part Time © Temporary © Day © Night					
(If records are under another name,	EDUCA please indicate for reference purposes,						
TYPE OF SCHOOL	NAME AND LOCATION	PERIOD FROM: MO. / YR.	31001		DEGREE		
High School Last Attended							
College							
Graduate School							
Other							
	SPECIAL SKILLS, TRAINI	NG, OR EXI	PERIENCE				
© Typing Speed W.P.M.	© Shorthand Speed W.P	М.	OTHER SK	LLS THAT QUALIFY	YOU FOR THIS JOB		

WORK EXPERIENCE

	WORK EXP	ERIENCE				
EMPLOYER NAME AND ADDRESS	JOB HELD	FROM	TO	WAGE	REASON FOR LEAVING	
	1					
Have you ever been discharged from	a position of employment? © YES	© NO If ye	es, please exp	olain fully.		
Are you a registered voter in Vigo Co	unty? © YES Precinct		© NO			
	REFERE	NCES				
List people who know your work , not						
				DUONE NUMBE	2	
NAME	ADDRESS	PHONE NUMBER	1			
Indicate places of varidance for last fi	1					
Indicate places of residence for last fi	-			_		
STREET	CITY			STATE		
	MILITARY HISTOR	V AND 93	ΓΛΤΙΙς			
	T WILLIAM THOUSE		F SERVICE	REASON FOR		
ORGANIZATION	RANK OR GRADE	FROM	TO		ING SERVICE	
OHAMIZMION	TOWN OF GIVE	1				
	Charial Car	tifi a ati a ma		1		
	Special Cer					
Do you hold a Commercial Driver Lice	ense (CDL) © Yes © No If	yes, expiration /	renewal date)	-	
If you feel you have any other Certific	cations/Special licenses that you feel wo	uld be of benefi	t to Viao Cou	ntv list them below	r:	
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PLEASE READ AND SIGN BELOW

I authorize the investigation of all statements contained in this application for employment. I also understand that any misrepresentation or omission of information will be sufficient grounds for refusal of, or termination of employment.

By my signature I authorize <u>Vigo County</u> to perform a criminal background check with what ever law enforcement agency or agencies <u>Vigo County</u> shall feel is appropriate.

I understand that <u>Vigo County</u> maintains a Drug Free Workplace and to help guarantee this <u>Vigo County</u> may require me to take a drug test and submit to random re-testing as a condition of my employment with <u>Vigo County</u>.

I understand that if I am hired to a position that requires special licensing or certification such as a Commercial Drivers License (CDL) that I must maintain said Licensing or certification as a condition of my continuing employment and should I fail to maintain certification this shall be sufficient grounds for termination.

I understand that nothing contained in my attached employment application or in the granting of an interview is intended to create an employment contract between <u>Vigo</u> <u>County</u> and myself for either employment or for the providing of any benefit.

No promises regarding employment have been made to me, and I understand that no such promise is binding upon <u>Vigo County</u> unless made in writing.

If any employment relationship is established, I understand that I have the right to terminate my employment at any time and that Vigo County retains a similar right.

Signature of Applicant	
Date of Application	