JOB APPLICATION

Brown County Management District 176 Old State Road 46, Nashville, Indiana 47448 812-988-0140

Brown County Management District is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information				
Applicant Name:				
Address:				
City, State and Zip Code:				
Telephone Number:				
Email Address:				
Date of Application:				
Employment Position Position(s) applying for:				
How did you hear about this	s position?			
What days are you available	for work?			
On what date can you start	working if you are hired?			
Personal Information				
Have you ever applied to or worked for Brown County Management District before?				
If yes, when?				
		– – Yes		
Are you a U.S. citizen or approved to work in the United States?			No	
What document can you pr	ovide as proof of citizenship or legal status?	_		
		– – Yes	N	
Will you consent to a mandatory controlled substance test?			No	
Do you have any condition which would require job accommodations? If yes, please describe accommodations required below.				

Job Skills/Qualifications Please list below the skills and qualifications you possess for the position for which you are applying:					
(Note: Brown County Management District complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)					
Education and Training					
High School	(6:4-64-4-)	Year Graduated	Degree Earned		
Name	Location (City, State)	Year Graduated	Degree carried		
College/University					
Name	Location (City, State)	Year Graduated	Degree Earned		
Vocational School/Special		Van Cuaduatad	Dograo Farnod		
Name	Location (City, State)	Year Graduated	Degree Earned		
Military: Are you a member of the	Armed Services?	L			
What branch of the milita					
What was your military rank when discharged?					
How many years did you					
	u possess that would be an a				
Previous Employment					
Employer Name:					
Job Title:					
Supervisor Name:					
Employer Address:					

City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
Additional Information:	
Interest / Volunteering / Hobbies	
<u>AT-WILL EMPLOYMENT</u>	I II B C L MA District is referred to as
	d the Brown County Management District is referred to as
	that your employment can be terminated at any time for any
reason, with or without cause, with	or without notice, by you or the Brown County Management
District. No representative of Brow	n County Management District has authority to enter into any
	g "employment at will" relationship. You understand that your
employment is "at will," and tha	at you acknowledge that no oral or written statements or
representations regarding your emp	ployment can alter your at-will employment status, except for a
	d either our Executive Vice-President/Chief Operations Officer or
the Company's President.	
Applicant Signature:	Dated: