

APPLICATION FOR EMPLOYMENT



Grant County Sheriff's Office

Del Garcia, Sheriff
 214 E. 4th Street
 Marion, IN 46952

765-662-9836

Date Completed:	
Position applied for:	
Received by: (office only)	
Date received: (office only)	
PERSONAL	
First Name:	
Middle Name:	
Last Name:	
Social Security Number:	
Street Address:	
City:	
State:	
Zip Code:	
Phone Number(s):	
Date of Birth:	
Alias/Maiden Name:	
Have you ever been convicted of a crime? If yes, please explain the crime and where it occurred (use back if needed):	
Have you worked for Grant County before? If yes, list: Position Held: Department: Dates of Employment:	

EDUCATION

If education records are listed under another name, please indicate that here:	
Name of High School and School Location:	
Major field of study in High School:	
Diploma or equivalent? Yes or No	
Did you attend any Post-Secondary education? (University, College, Technical School, etc.)	
Post-Secondary Education: School Name: School Location: Degree/Level Attained: Completion Date: Major Field of Study: Minor Field of Study:	
Please list any specific computer skills:	

EMPLOYMENT HISTORY

Employer Name:	
Employer Address:	
Employer Telephone #:	
Position Held:	
Employed From (Month/Year):	
Employed To (Month/Year):	
Salary/Hourly Rate:	
Reason for Leaving:	
Employer Name:	
Employer Address:	
Employer Telephone #:	
Position Held:	
Employed From (Month/Year):	
Employed To (Month/Year):	
Salary/Hourly Rate:	
Reason for Leaving:	
Employer Name:	
Employer Address:	
Employer Telephone #:	
Position Held:	
Employed From (Month/Year):	
Employed To (Month/Year):	
Salary/Hourly Rate:	
Reason for Leaving:	

REFERENCES

Please list three people who are familiar with your work. (No Relatives)

Name:	
Company:	
Address:	
Phone Number:	
E-mail Address:	
Name:	
Company:	
Address:	
Phone Number:	
E-mail Address:	
Name:	
Company:	
Address:	
Phone Number:	
E-mail Address:	

GENERAL QUESTIONS

<p>Can you perform the essential functions of the job for which you are applying?</p>	
<p style="text-align: center;">Have you previously completed an application for employment with Grant County? If yes,</p> <p style="text-align: center;">When did you last apply?</p> <p style="text-align: center;">For what position did you apply?</p>	
<p>Are you currently employed? If yes, may we contact your present employer?</p>	
<p style="text-align: center;">Why do you wish to change jobs?</p>	
<p style="text-align: center;">Have you ever been discharged from a position of employment? If yes, please explain.</p>	
<p style="text-align: center;">Date available for work:</p>	
<p style="text-align: center;">Expected Salary:</p>	
<p>Have you been in your current residence for at least 5 years? If no, list your previous addresses.</p>	
<p>Have you served in the military? If yes, please list:</p> <p style="text-align: center;">Branch/Organization:</p> <p style="text-align: center;">Dates of Service:</p> <p style="text-align: center;">Rank/Grade:</p> <p style="text-align: center;">Reason for leaving the service:</p>	
<p>Do you have a valid driver's license in the state you reside?</p>	

Grant County Government Equal Employment Opportunity Policy

Grant County Government is an Equal Opportunity Employer (EEO). Accordingly, we promote equal opportunity in the areas of recruitment, employment, training, development, transfer, and promotion. Our employment practices are without regard to race, color, religion, creed, gender, age, disability or medical condition, national origin, and veteran status, and all other categories protected by federal, state, and local anti-discrimination laws.

Authorization and Release

In applying for employment, I want the hiring official, department head or State Officer "County" to be fully informed of my work history. I therefore authorize the County to investigate my background and to obtain any and all information which may concern me. I hereby waive, release, and surrender any and all rights to claims which I may have against all persons, including the County, schools, companies, corporations, credit bureaus and law enforcement agencies from any liability on account of furnishing such information. I fully understand that if employed, any misrepresentation of facts on my application is sufficient reason for my termination. In addition to my authorization and release of information and entities set forth above, I also authorize the County to discuss the results of any pre-employment investigation with persons who conduct the interview(s) in any investigation as well as those individuals responsible for hiring.

I understand that nothing contained in my application, in the granting of or conducting of an interview is intended to create an employment contract or binding contractual relationship between the County and myself either for employment or for the providing of any benefit. No promises regarding employment or duration of employment have been made to me and I understand that no such promises or guarantees are binding upon the County unless made in writing by the hiring official. If an employment relationship is established, I understand that I have the right to terminate my employment at any time with or without notice and that the County may terminate my employment at any time pursuant to the express provisions of the Grant County Sheriff Policy Manual, if applicable, to me. If any employment relationship is established, in consideration of such employment relationship, I agree not to use or reveal any confidential information of the County's.

The County and its elected officials, administrators, managers, employees, and agents are all released by me from any legal responsibility or liability for the release of such information and recorded as authorized above or any other liability which may arise from the release of such information.

Drug Testing Authorization, Grant County, Indiana

I understand that drug screening is a part of the hiring process for all regular full-time County job applicants. All offers for employment with the County are contingent upon the applicant taking and passing a drug screen. All data and information from the pre-employment drug screen will be treated as a confidential medical record as required by law.

You must agree to the terms of the above Authorization and Release in order to submit your Employment Application.

By signing my name below, I accept the terms of the above Authorization and Release.

Signature:
Date:

Attach copies of the following documents with your completed application:

**Birth Certificate
Driver's License
Social Security Card
High School Diploma
College/University Diploma (if applicable)
DD214 (if applicable—Veterans)**