



Lake County 911

2293 N. Main St.
Crown Point, IN 46307
Suite A-312
(219) 755-6510

Mark Swiderski, CPE, ENP
Executive Director

C.J. Wittmer
Deputy Director of Operations

Corbin Bish
Deputy Director of Support Services

Application for Employment

Please return this application Monday through Friday between 8:30 - 4:30
or email to employment@lcec911.org.

General Contact Information

Last Name	First Name			Middle Initial
Street Address		City	State	Zip Code
Home Telephone		Cellular Telephone		
Email Address				

Position and Department

Desired Position
Desired Department

Availability

When will you be available for employment? (please provide date)
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Veteran / Military Status

Are you a Veteran or member of the U.S. Armed Forces? If so, please include branch and service dates.

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Motor Vehicle License

Do you currently have a valid driver's license?	Yes	No
Do you currently have a valid CDL?	Yes	No

Criminal History

Have you ever been convicted of a felony or misdemeanor?	Yes	No
If yes, please explain, including date and type of conviction.		

Education

Beginning with your most recent schooling, please tell us about your education (including high school).

Name of School	Years attended	Diploma or Degree / Major

Special Skills / Training

Describe any on-the-job skills/special training that you feel would assist you in the position(s) you are seeking.

Employment History

Begin with your most recent position and list your employment history for the last ten years and/or the last three positions held.

Employer	Position	Dates of Employment	Supervisor / Telephone Number	May we contact employer?

References

Name	Telephone Number	Personal / Work Reference

Past Employment with Lake County

Have you ever worked for Lake County Government?	Yes	No
If so, please list the department and dates of employment.		

Equal Opportunity Employment

Lake County is committed to providing equal employment opportunities for all applicants and employees. Applicants and employees shall be treated fairly and equally. Employment decisions will comply with all applicable state and federal employment discrimination laws and made without regard to race, color, gender, genetic information, sex, sexual orientation, religion, national origin, age, disability, veteran's status, political affiliation, or citizenship.

Applicant Acknowledgement

I hereby authorize Lake County Government to verify all information included in this application. I release all parties, including but not limited to Lake County Government, its agents, my prior employers and references, from any liability for any damage that may result from furnishing information concerning me, or my employment or educational history. I understand that falsified, misrepresented or incomplete information or omission of facts in this application will result in exclusion from consideration for employment or dismissal from employment if hired.

I understand and acknowledge that if I am offered and accept employment with the Lake County Government, my employment will be considered at-will, is for no definite period of time, and may be terminated with or without cause. My at-will employment can only be altered by a written agreement signed by me and approved by the Lake County Board of Commissioners, who have exclusive right to enter into contractual agreements on behalf of Lake County Government. I further understand that this application for employment is not a contract or offer for employment.

Signature

Date

Printed Name

Verification of Applicant Employment for Compliance with Lake County's Nepotism Policy

I, _____ (printed name), have reviewed the direct line of supervision for the position I am seeking with Lake County Government and I am not a relative of any employee who will be in my direct line of supervision in the position of _____.

I understand that "Relative" means my spouse, parent or stepparent, child or stepchild, brother, sister, stepbrother, stepsister, niece, nephew, aunt, uncle, daughter-in-law or son-in-law (including half-bloods and adopted children).

I hereby verify under the penalty of perjury that the foregoing statements are true.

Date this _____ day of _____, 20_____.

(signature)

(printed name)