

**EMPLOYMENT APPLICATION**  
**ELKHART COUNTY**  
**Human Resources**  
**117 North Second Street, Room 113**  
**Goshen, IN 46526-3231**  
**Phone: (574) 535-6725 Fax: (574) 535-6750**

**INSTRUCTIONS:** Print in ink or use typewriter. Every question must be answered. If a question does not apply to you, state with N/A. If space is not sufficient, attach a separate sheet. **DO NOT MISSTATE OR OMIT** facts since the statements made herein are subject to verification to determine your qualifications for employment. Fill out completely and sign. Incomplete applications will be discarded.

Elkhart County is an Equal Employment Opportunity Employer. Applicants are considered for employment without regard to race, color, national origin, sex, age, disability, veteran status, genetic information, or any other basis prohibited by law, unless such basis constitutes a bona fide occupational qualification. Elkhart County will comply with its legal obligations to provide reasonable accommodation to qualified disabled applicants.

Last Name	First Name	Middle Name	Date of Application
Present Address			Telephone Number
City	State	Alternate Telephone Number	
Positions(s) Applying For:			Hours and Day Available
E-Mail Address:			
Availability for Employment: Do you want to work- <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			Minimum Salary Acceptable
If hired, how soon could you begin work?			

**Note:** If you wish to attach a resume you may do so – however, please answer all questions your resume does not cover and sign the application form. Where your resume covers the required information indicate this with "See Resume".

**EDUCATION:**

A. List all high schools and universities attended. If requested, attach transcripts. List other schools or training (trade, vocational, business, or military).

NAME	LOCATION	COURSES/TYPE	DEGREE

B. Give a brief description of your major course of study.

**EMPLOYMENT HISTORY**

Please list your complete employment history. Begin with present or most recent employer. Use additional page if necessary.

Name and Address of Employer	From Date	Position Held	Reason For Leaving
	To Date	Supervisor's Name & Title	
			Ending Salary

Describe in Detail the Work You Did

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Were you ever Discharged or Forced to Resign from any position?  Yes  No If Yes why?

May we refer to your Previous Employers?  Yes  No If No, Which Employer and why?

May we refer to your Present Employer?  Yes  No

Have you previously worked for Elkhart County?  Yes  No If so, what department?

Reason for leaving:

**SPECIAL KNOWLEDGE, SKILLS AND ABILITIES**

List any appropriate knowledge or skills you may have relevant to your position interests. If not relevant check N/A.

A. Indicate clerical skills you possess and office equipment you can operate.

**Skills:**

Words per minute: Keyboarding \_\_\_\_\_ Shorthand \_\_\_\_\_ Special Terminology – Medical   
Legal   
Tape Transcription \_\_\_\_\_ Statistical   
N/A

**Equipment:**

Computer  Calculator  N/A

Please indicate type of equipment and software

\_\_\_\_\_  
\_\_\_\_\_

Telephone Switchboard Type: \_\_\_\_\_

Number of Lines: \_\_\_\_\_

B. Indicate trade skills you possess, machinery you can operate and other special technical capabilities.

C. Indicate any special professional and/or paraprofessional skills, knowledge or licenses you have.

**CONVICTIONS**

Have you ever been convicted of, or plead guilty to an offense other than a minor traffic violation? (Do not include convictions while a minor and/or convictions expunged or sealed by Court order.  Yes  No

If yes, please state the conviction date(s), city and state, and disposition.

**PLEASE NOTE:**

A conviction record is not an automatic bar to employment unless required by law. Factors such as recency, type of offense, seriousness, nature of violation, and rehabilitation will be considered as it relates to the job for which you are applying.

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**COMPLETE ONLY IF ESSENTIAL FUNCTION OF JOB INVOLVES DRIVING**

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If you are applying for a position that requires operation of a motor vehicle, please complete the following section:

Do you presently have a valid driver's license?

Type of License	State Issued	Expiration Date	Restrictions

Within the last five (5) years have you

– been denied issuance of a license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
– had a license suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
– been denied automobile insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
– had insurance withdrawn or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to any of the above questions is “Yes”, explain in full:

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**Please read the following paragraphs before signing below.**

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A false answer to any question in this application may be grounds for not employing you, or for dismissing you after you begin work. All the information you give will be considered in reviewing your application and is subject to investigation.

“I certify that all the statements made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I authorize my previous employers, schools or persons named to give Elkhart County any information regarding my employment or educational background. I grant my permission for any investigation of the information I have provided in this application. I further understand the information is job-related and non-discriminatory.”

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

**DO NOT WRITE BELOW THIS LINE.**

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Interviewer's Comments

# ELKHART COUNTY EEO DATA SHEET

Employer is subject to certain government record keeping and reporting requirements for the administration of civil rights law and regulations. In order to comply with these laws, Elkhart County invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. This sheet and the information obtained will be detached from your Application for Employment by Human Resources, will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. We do appreciate your providing us with this information and thank you for assisting us in our data collection efforts.

## **PERSONAL DATA**

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Sex: \_\_\_\_\_

Position Applied For/Department: \_\_\_\_\_

## **REFERRAL SOURCE Where did you hear about the job opening you are applying for? PLEASE CHECK ONLY ONE**

- |  |   |
|--|---|
| <input type="checkbox"/> Job Vacancy Notice    | <input type="checkbox"/> Goshen News                                  |
| <input type="checkbox"/> County Website        | <input type="checkbox"/> Elkhart Truth                                |
| <input type="checkbox"/> Internet Job Posting  | <input type="checkbox"/> Other Newspaper (specify)<br>_____           |
| <input type="checkbox"/> County Department     | <input type="checkbox"/> Private Employment Agency (specify)<br>_____ |
| <input type="checkbox"/> County Employee       | <input type="checkbox"/> Community Agency (specify)<br>_____          |
| <input type="checkbox"/> Family Member/Friend  | <input type="checkbox"/> Other - Not listed above (specify)<br>_____  |
| <input type="checkbox"/> Call-in               |   |
| <input type="checkbox"/> Workforce Development |   |

## **ETHNIC GROUP Please check one.**

- |  |   |
|--|---|
| <input type="checkbox"/> White                             | <input type="checkbox"/> Black                  |
| <input type="checkbox"/> Hispanic                          | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> American Indian or Alaskan Native |   |

## **VETERANS STATUS Are you a veteran of any branch of the U.S. Armed Forces?**

- Yes       No      If yes, Branch \_\_\_\_\_