



LAPORTE COUNTY GOVERNMENT

Human Resources
555 Michigan Avenue, Suite 104
LaPorte, IN 46350
Phone: 219-326-6808 Ext. 2203
Fax: 219-362-3093

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

View job openings at the LaPorte County Web site:

www.laporteco.in.gov

OFFICE USE:

Date: _____

PERSONAL DATA

Name (Last, First, M.I.):

Email Address:

Address:

City/State:

Zip Code:

Home Telephone:

Alternate Phone:

Position(s) you are applying for:

Expected Salary:

Have you ever been employed with LaPorte County Government? Yes No
If yes, please provide date of employment and position held:

Will you accept:

Temporary Work Yes No
Part Time Work Yes No
Shift Work Yes No

Are you at least 18
years of age
Yes No
If no, age _____

Are you legally eligible to be employed
in the United States? (Proof of eligibility
will be required upon employment) YES
NO

Date Available to start:

Do you currently possess a valid driver's license? ☐ YES ☐ NO Is your license restricted or suspended? ☐ YES ☐ NO

EDUCATION / TRAINING

Do you have a high school diploma or GED? Yes No

If you do not have a high school diploma or GED, what is the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

High School name or
GED institution:

Location of school
City/State

SCHOOL	NAME & LOCATION	COURSE/MAJOR STUDIED	YEARS COMPLETED	TYPE OF DEGREE	CREDITS COMPLETED
College/University			1 2 3 4		
Graduate/Professional			1 2 3 4		
Vocational/Other			1 2 3 4		

LICENSE / REGISTRATION / CERTIFICATE

List any required professional license, registration, certificate, CDL, etc

Description	State	Number	Expiration

SPECIALIZED SKILLS AND KNOWLEDGE

List skills or knowledge that shows your ability to perform the job for which you are applying (such as key boarding speed, computer languages, software programs, etc).

WORK HISTORY

List your employment history beginning with the most recent. Include full or part-time, military, summer jobs, etc.

May we contact your present employer? ☐ Yes ☐ No

NAME OF EMPLOYER		EMPLOYER'S ADDRESS
YOUR JOB TITLE		SUPERVISOR'S NAME, TITLE AND COMPANY PHONE NUMBER
START DATE	END DATE	REASON FOR LEAVING
STARTING SALARY	END SALARY	Was Position <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
DUTIES		

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DUTIES		

REFERENCES

List 3 persons who are not related to you and who would have knowledge of your qualifications for the position(s) for which you are applying, such as former co-workers, teachers, etc. Do not repeat names of supervisors listed under experience.

NAME	ADDRESS	TELEPHONE	OCCUPATION
		EMAIL	
NAME	ADDRESS	TELEPHONE	OCCUPATION
		EMAIL	
NAME	ADDRESS	TELEPHONE	OCCUPATION
		EMAIL	

MILITARY

Have you ever served in the Armed Forces? ☐ Yes ☐ No If **yes**, which Branch of Service _____

Period of Active Duty: From _____ To _____

Rank at Discharge _____ Date of Final Discharge _____

GENERAL INFORMATION

Have you ever been convicted of a felony crime against the law? ☐ Yes ☐ No If yes, please list the following information for each offense:

Offense: _____ Date: _____

Location: _____

Please Note: A conviction does not automatically mean you cannot be hired/appointed. What you were convicted of, and how long ago, are important. Give all facts so that a decision can be made.

ACKNOWLEDGMENT AND AUTHORIZATION TO RELEASE INFORMATION

I certify that answers given herein are true and complete to the best of my knowledge.

I, _____ authorize LaPorte County Government and its designated representatives to
(Printed Name)

conduct an appropriate background investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision and authorize any person who may have information relative to this investigation to disclose same. I also release any person from any form of liability for such disclosure.

As part of the County's procedure for processing your employment application, a background investigation will be conducted and your personal and employment references may be checked. Any Credit Bureau, Retail Merchants Association, Banks, Financial Institution, or Credit Extending Organization. Any Department of a city, county, state or Federal Government, or its agency. Any Doctor, Hospital or medical clinic. Any Principal, Dean, Counselor or authorized person at a College, University, School, trade school or learning institution. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job.

In the event of employment, I understand that false or misleading information given in this application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the US, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms.

I understand and agree to the information shown above:

Signature: _____ Date: _____

-EMPLOYER USE ONLY-

Can candidate perform the essential functions of the job for which they are applying, either with or without reasonable accommodation?

YES NO