



13. **EMPLOYMENT HISTORY:** Begin with your most recent job and provide as much detail as possible. Be sure to complete each blank in this section thoroughly and accurately as any changes you wish to make after submitting this application must be verified by the employer. If you changed positions within the same organization and your duties changed, describe **each** job in a separate block. When listing job duties, list those that took most of your time first. If your application reflects incomplete or conflicting information (including employment dates and average hours) you will receive partial or no credit for that job. **NOTE:** You must complete this application form as resumes are not considered official, but may be submitted if signed and dated.

\*\*\*\*\*

May we contact your present employer? YES  NO  If no, explain \_\_\_\_\_

<p>A.</p> <p>Employed From <table style="display: inline-table; border: 1px solid black; margin-right: 5px;"><tr><td style="width: 20px; text-align: center;">Mo.</td><td style="width: 20px; text-align: center;">Day</td><td style="width: 20px; text-align: center;">Yr.</td></tr></table> To <table style="display: inline-table; border: 1px solid black; margin-right: 5px;"><tr><td style="width: 20px; text-align: center;">Mo.</td><td style="width: 20px; text-align: center;">Day</td><td style="width: 20px; text-align: center;">Yr.</td></tr></table></p> <p>Title of Position _____ Gr. _____</p> <p style="text-align: center;">Starting Salary _____</p> <p>Average hours worked per week <table style="display: inline-table; border: 1px solid black; margin-right: 5px;"><tr><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td></tr></table> Last Salary _____</p> <p>Reason for leaving _____</p> <p>Name of Employer _____</p> <p>Address _____</p> <p>Type of Business _____</p> <p>Name &amp; title of your supervisor _____</p> <p style="text-align: center;">Phone: _____</p> <p style="text-align: center;">From To Number</p> <p style="text-align: center;">Mo. Yr. Mo. Yr. Supervised</p> <p>I was a supervisor <table style="display: inline-table; border: 1px solid black; margin-right: 5px;"><tr><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td></tr></table> <table style="display: inline-table; border: 1px solid black; margin-right: 5px;"><tr><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td></tr></table> _____</p>	Mo.	Day	Yr.	Mo.	Day	Yr.							<p>Job Duties:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p>
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NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ DATE: \_\_\_\_\_

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**NOTE: Additional employment history sheets available upon request.**

14. **LICENSES OR CERTIFICATES:** Please indicate if you have a license, certificate, or other authorization to practice a trade or profession. Teachers must show subject area and certification rank. You must provide a copy or verification of the license/certificate.

Name of Trade or Profession	Original Lic. Issue Date	Current Lic. Expiration Date	Name and Address of Licensing Agency
License:			
License:			

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ DATE: \_\_\_\_\_

**15. PROFESSIONAL ORGANIZATIONS:** Indicate current membership in professional organizations.

ORGANIZATION	TITLE	DATE MEMBERSHIP EXPIRES

**16. CHARACTER REFERENCES:** Other than relatives, former employers, or supervisors.

NAME	ADDRESS	PHONE NUMBER

17. Yes  No  Please indicate if you desire your application referred to other employers (such as Local Government, etc.) who list vacancies or request applications from State Government.

**18. DIRECTIONS FOR VETERAN'S PREFERENCE:** Honorably discharged Veterans (**including** honorably discharged, former and current members of IN Nat. Guard and U.S. Military Reserve) are eligible for Veteran's Preference. Disabled veterans, spouses of disabled veterans, unmarried spouses of deceased veterans, and parents of deceased or disabled veterans may be eligible for Veteran's Preference. Check the proper box below and submit with your application the required documents unless such proof has been previously submitted. You will not receive proper credit until the proper documents are received.

<input type="checkbox"/> <b>Former and Current Members of IN National Guard (18A.150)</b>  1. Copy of Honorable Discharge papers (NGB 22)  2. Letter from Unit Administrator that reflects honorable status in IN National Guard.	<input type="checkbox"/> <b>Disabled Veteran</b>  1. Copy of Honorable Discharge or DD214 that reflects honorable discharge.  2. Current statement from VA Benefit Rating Board showing that disability is service-connected	<input type="checkbox"/> <b>Spouse of Disabled Veteran</b>  1. Copy of Honorable Discharge or DD214 that reflects honorable discharge.  2. Current statement from VA Benefit Rating Board showing that spouse's present disability is service-connected.  3. Notarized statement that veteran's disability disqualifies him for positions along the general lines of his usual occupation.	<input type="checkbox"/> <b>Unmarried Spouse of Deceased Veteran</b>  1. Copy of Honorable Discharge or DD214 that reflects honorable discharge.  2. Proof of spouse's death.  3. Notarized statement that spouse has not remarried.	<input type="checkbox"/> <b>Parent of Deceased or Disabled Veteran</b>  1. Copy of Honorable Discharge or DD214 that reflects honorable discharge.  2. Proof of veteran's death while on active duty or proof that veteran's permanent and total disability is service-connected.  3. Notarized statement that the parent was totally or partially dependent on the veteran.
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Type of Discharge: Honorable \_\_\_\_\_ Other (Specify) \_\_\_\_\_ Date of Discharge \_\_\_\_\_

**COMPLETION OF SECTION 21 IS VOLUNTARY**

19. Information in this block is for statistical purposes and will be forwarded to agencies for purposes of compliance with Equal Employment Opportunity requirements.

SEX  Male  Female

RACE  0. - White  1. - Black  2. - Hispanic  3. - Asian American  4. - American Indian or Alaskan Native  5. - Other

**- IMPORTANT - THIS SECTION MUST BE COMPLETED -**

20. **SIGNATURE** - Please read and sign the following statement: I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show any falsification, I will not be considered for employment or, if employed, I will be dismissed and disqualified from future merit examinations. I hereby authorize Switzerland County and any agency to which my name is certified/referred to make all necessary investigations concerning me, my work habits, character, or my action in any transaction. I authorize the Switzerland County Sheriff's Office to receive and make available to any other government agencies my academic records or other material pertinent to my qualifications, and further authorize and request each former employer, person given as a reference, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with the application. I understand and agree that I will be required to ratify the information contained in this application by signature as a condition of employment. I also understand that state government is a drug free workplace and that substance abuse testing is required for certain classifications.

Date \_\_\_\_\_ Signature X \_\_\_\_\_

Switzerland County Sheriff's Office does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in the admission or access to, or participation or employment in, its programs or services. Reasonable accommodation will be provided upon request. Indiana prohibits political influence in employment in the classified service. Information concerning the provisions of the Americans with Disabilities Act is available from you local employment office.

(CONTINUATION OF EMPLOYMENT HISTORY)

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Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

(CONTINUATION OF EMPLOYMENT HISTORY)

DIRECTIONS FOR EMPLOYMENT HISTORY: Be sure to complete each blank in this section thoroughly and accurately as any changes you wish to make after submitting this application must be verified by the employer. If you changed positions within the same organization and your duties changed, describe **each** job in a separate block. When listing job duties, list those that took most of your time first. If your application reflects incomplete or conflicting information (including employment dates and average hours) you will receive partial or no credit for that job. **NOTE:** You must complete this application form as resumes are not considered official, but may be submitted if signed and dated.

<p>J.                      Mo.   Day   Yr.                      Mo.   Day   Yr.</p> <p>Employed From <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Title of Position _____ Gr. _____</p> <p>   Starting Salary _____</p> <p>Average hours worked per week <input type="text"/> <input type="text"/> Last Salary _____</p> <p>Reason for leaving _____</p> <p>Name of Employer _____</p> <p>Address _____</p> <p>_____ Type of Business _____</p> <p>Name &amp; title of your supervisor _____</p> <p>   Phone: _____</p> <p>   _____</p> <p style="text-align: center;">From                      To                      Number</p> <p style="text-align: center;">Mo.   Yr.                      Mo.   Yr.                      Supervised</p> <p>I was a supervisor <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Job Duties:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p>
<p>K.                      Mo.   Day   Yr.                      Mo.   Day   Yr.</p> <p>Employed From <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Title of Position _____ Gr. _____</p> <p>   Starting Salary _____</p> <p>Average hours worked per week <input type="text"/> <input type="text"/> Last Salary _____</p> <p>Reason for leaving _____</p> <p>Name of Employer _____</p> <p>Address _____</p> <p>_____ Type of Business _____</p> <p>Name &amp; title of your supervisor _____</p> <p>   Phone: _____</p> <p>   _____</p> <p style="text-align: center;">From                      To                      Number</p> <p style="text-align: center;">Mo.   Yr.                      Mo.   Yr.                      Supervised</p> <p>I was a supervisor <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Job Duties:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p>
<p>L.                      Mo.   Day   Yr.                      Mo.   Day   Yr.</p> <p>Employed From <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Title of Position _____ Gr. _____</p> <p>   Starting Salary _____</p> <p>Average hours worked per week <input type="text"/> <input type="text"/> Last Salary _____</p> <p>Reason for leaving _____</p> <p>Name of Employer _____</p> <p>Address _____</p> <p>_____ Type of Business _____</p> <p>Name &amp; title of your supervisor _____</p> <p>   Phone: _____</p> <p>   _____</p> <p style="text-align: center;">From                      To                      Number</p> <p style="text-align: center;">Mo.   Yr.                      Mo.   Yr.                      Supervised</p> <p>I was a supervisor <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Job Duties:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p>

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_\_