



## Education/ Training

Circle Highest Grade/ Year Completed

High School

 9

 10

 11

 12

College, Trade or Business

 1

 2

 3

 4

Graduate Studies \_\_\_\_\_

School	Address	Major Studies	Degree or Diploma
High School			
College/ University			
Vocational/ Business			

Additional Training/ Skills, Experience, Special Achievements or Certifications relevant to position seeking:

\_\_\_\_\_

\_\_\_\_\_

### Military

Have you ever been in the Armed Forces?

 Yes

 No

Are you now a member of the National Guard?

 Yes

 No

If yes, branch of service? \_\_\_\_\_ Date of Entry \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Specialty \_\_\_\_\_ Is discharge honorable?  Yes  No

If no, state type of discharge and an explanation? \_\_\_\_\_

## Personal References

Please list three references other than relatives or previous employers.

Name \_\_\_\_\_ Address \_\_\_\_\_  
Street City State

Telephone \_\_\_\_\_ Occupation \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Street City State

Telephone \_\_\_\_\_ Occupation \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Street City State

Telephone \_\_\_\_\_ Occupation \_\_\_\_\_ Years Acquainted \_\_\_\_\_

## Employment History

List all employments for the past ten (10) years, starting with the most recent position. All information must be completed. You may attach a resume, but not in place of completing the required information.

Employer \_\_\_\_\_ Address \_\_\_\_\_  
Street City State

Phone \_\_\_\_\_ Type of Business \_\_\_\_\_ Supervisor \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_  
Street City State

Phone \_\_\_\_\_ Type of Business \_\_\_\_\_ Supervisor \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_  
Street City State

Phone \_\_\_\_\_ Type of Business \_\_\_\_\_ Supervisor \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_  
Street City State

Phone \_\_\_\_\_ Type of Business \_\_\_\_\_ Supervisor \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_  
Street City State

Phone \_\_\_\_\_ Type of Business \_\_\_\_\_ Supervisor \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_  
Street City State

Phone \_\_\_\_\_ Type of Business \_\_\_\_\_ Supervisor \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

## Certification and Authorization

The above information is true and correct. I understand that, in the event of my employment by the Madison County Sheriff's Department, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery. This application expires within one (1) year of the signature date below unless the Madison County Sheriff's Department begins the review process within that time.

I authorize the Madison County Sheriff's Department to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Madison County Sheriff's Department and will hold the Madison County Sheriff's Department and my former employer harmless from any claim made on the basis of such information. I further authorize the Madison County Sheriff's Department to obtain any credit and consumer check.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Madison County Sheriff's Department is intended to create an employment contract between myself and the Madison County Sheriff's Department under which my employment could be terminated only for cause. I understand and agree that, if hired, my employment is probationary and terminable at will and may be terminated by me or by the Madison County Sheriff's Department at any time and for any reason. After completion of the probationary period, employment is governed by the terms and conditions of union contracts.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration reform and Control Act of 1986. The documents provided will be used for completion of Form I-9.

The Madison County Sheriff's Department strongly believes in its responsibility to provide a safe and healthful workplace for all its employees. I understand that at any time after I am hired, the Madison County Sheriff's Department may require me to submit to a physical examination to the extent permitted by law. I consent to the disclosure of the results of the physical examinations and related test to the Madison County Sheriff's Department. You should understand that you will be tested for the presence of controlled substances before you are hired as a condition of employment with the Madison County Sheriff's Department. I understand an offer of employment may be made contingent on passing a job-related physical examination. I agree to submit to a controlled substances screening and physical examination by the Madison County Sheriff's Department designated medical practitioner.

I have read, understand, and agree to the above statements and conditions of employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*The following sections to be completed by Sheriff Department applicants only:*

• I understand that the employer provides sheriff service on a seven day per week and twenty-four hour per day service, and therefore, if employed by the Sheriff Department, I may be required to work evening shifts or night shifts, including weekends. Initials: \_\_\_\_\_

• I understand that if I am hired as a sworn officer on the Sheriff Department, that I must successfully complete required training and courses specified and be certified by the State of Indiana Police Academy. Initials: \_\_\_\_\_

Submit button is compatible with Internet Explorer only, all other browsers must use instructions as follows:

This form may not be compatible with all computer programs. If you experience a problem when submitting this form you may need to save a copy of the completed form to your computer and either attach the file through your email program sending to; [hr@madisoncounty.in.gov](mailto:hr@madisoncounty.in.gov) or print and mail a copy to; Madison County Government Center, Attn: Human Resources, 16 East 9th Street, Anderson, IN. 46016.