



Thank you for your interest in employment with the LaPorte County Sheriff's Office.

An applicant must meet the following criteria in order to be eligible for employment:

- 1. Be 21 years of age,
- 2. Have a high school diploma or GED,
- 3. Possess a valid Indiana driver's license,
- 4. Have no felony or class A misdemeanor criminal convictions,
- 5. Have no class B misdemeanor or lower class criminal convictions within the past five (5) years,
- 6. Successfully complete any and all pre-employment testing (Applicant may be required to pay for certain testing).
- 7. Must be a citizen of the United States of America.
- 8. Must possess, as a minimum, visual acuity that is correctable to 20/40 in both eyes.

Instructions:

This form must be completed in the applicant's hand writing using a black ink pen or filled out electronically if using a personal computer. Be certain that your writing is neat and legible.

Space is provided for twelve (12) previous employers. You are required to provide employment information for the past twenty (20) years. Use a separate sheet of white paper to list additional employers. Separate pages listing former employers must be completed using a computer printer or conventional typewriter.

# This employment application must be completely filled out. Incomplete applications will not be considered for employment. The listed instructions must be followed. Failure to follow instructions will result in this application not being considered.

Provide the completed application to the Sheriff's Office. The following means may be used:

1. Mail or deliver to:

La Porte County Sheriff's Office Captain Derek Allen 809 State Street, Suite 202A La Porte, IN 46350

2. They can be delivered 24 hours a day to the business desk at the Sheriff's Office

Do not call to check on the status of your application. You will be contacted if selected to proceed further in the hiring process.



### La Porte County Sheriff's Office



### LaPorte County Sheriff's Office 809 State Street Suite 201A

809 State Street Suite 201A LaPorte, IN 46350 Phone: 219-326-7700 Fax: 219-324-6205

Employment Application An Equal Opportunity Employer								
		PERSO	NAL DATA					
Name:				Soc. Sec. No.:				
(LAST)	(FIRST)		(MIDDLE INITIAL)					
Address:								
(Number, Street, Apt . N	io.,etc)	(City)	(Sta	te)	(Zip Code)			
Home Telephone: (	) <b>B</b>	usinessTelephone:	, ,	E-mail:				
Will you accept:Temporary WorkYes	N-	Are you at least 18		ible to be employed in the U		available to start:		
Temporary Work Yes Part-Time Work Yes		years of age? Yes No	States? (Proof of identit	y will be required upon employment)				
Shift Work Yes		If no, age		Yes No				
Position(s) or Title you are ap	pplying:		Have you ever been em	ployed with LaPorte County	Government?	Yes No		
Expected Salary: \$	per		If yes, date of employmen	t & position held:				
		EDUCATION	AND TRAINING					
Are you a high school gradua	ate? □ Yes □ No	year:	If no, do you	u have a GED? □	Yes □ No			
	hool Diploma or GED, highes		2 3 4 5 6 7 8 9 10					
High School Name or	1 7 8	0 1						
GED Institution:			ocation (City/ State):	NUMBER OF	TE 6	<i>a</i> <b>1</b> <sup>1</sup>		
SCHOOLS	NAME & LOCATIO	DNS COUL	RSE/ MAJOR STUDIE	YEARS COMP	Type of Degree	Credits Completed		
College/ University				1234				
Graduate/ Professional				1234				
Vocational/ Other				1234				
Other training you received (	for example: special courses, v	work training programs,	foreign languages, law	enforcement, certifications):		1		
SKILLS								
WORD PROCESSING:	□ Microsoft Word		<b>GRAPHICS</b> :	PowerPoint	e			
Other :		Other:						
SPREADSHEET:  □ Excel	Other:	DATABASE:  D Microsoft Access Other:						
ELECTRONIC MAIL: □	Outlook Other:		Fax Other:					
Please list any other skills, training or information that may be helpful in considering your application.								





			WORK HISTOI	RY				
<b>EXPERIENCE</b> - Start with yo			Certificate of Service if	you have military experie				
Name of Employer			Address, City, State					
Telephone	Start Date	Er	nd Date	Start Salary		End Salary		
( ) Supervisor Name, title and phone number	er		Reason for leaving					
Job Title			Full Time	□ Part Time	□ Seaso	mal	□ Temporary	
<b>D</b>						ла		
Description of duties and responsibilitie	s:							
Name of Employer			Address, City, State					
Telephone	Start Date	Eı	nd Date	Start Salary		End Salary		
( )								
Supervisor Name, title and phone number	er		Reason for leaving					
Job Title		🗆 Full Time	□ Part Time	□ Seasonal		□ Temporary		
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			1					
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	er		Reason for leaving					
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Description of duties and responsibilitie	s.					Jildi		
Description of dates and responsionne	3.							





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#### **GENERAL INFORMATION**

Have you ever been arrested or convicted of a crime against the law (other than a traffic violation), or paid a fine of more than \$150?  $\Box$  YES  $\Box$  NO If **yes**, please list the following information for <u>each</u> offense: Conviction type (Felony/ Misdemeanor)\_\_\_\_\_ Date:\_\_\_\_\_

Offense:

Location:

**NOTE**- A conviction does not automatically mean you cannot be appointed. What you were convicted of, and how long ago, are important. Give all facts so that a decision can be made.

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				
NAME	ADDRESS	TELEPHONE	OCCUPATION				
NAME	ADDRESS	TELEPHONE	OCCUPATION				

How ald you	near about this job openi	ng?								
□ Walk-In	$\square$ Word of Mouth	□ Referral	□ Newspaper	□ LaPor	te County W	Vebsite	□ Other:			
DO YOU CU	RRENTLY POSSESS A	VALID DRIV	ERS LICENSE?	□ YES	□ NO	STATE	:			
LICENSE NU	MBER:			_		IS YOU	JR LICENSE RESTRICTED?	□ YES	□ NO	
	ED, ADVISE REASON ∛:									

#### **APPLICANT STATEMENT**

I certify that all information stated in this application is correct, accurate and complete to the best of my knowledge. I do hereby authorize that any false information will result in declination of my application, or termination of my employment. I also understand if I am hired, I will be required to provide proof of identity to legally work in the United States. I have read and accepted all terms of this application statement.

Signature of Applicant

Date

Nothing on this application is intended to create or imply the nature of a contract. If hired, the employee understands that employment is "at will", that it is not for any specific duration of time and can be terminated with or without reason at any time.





#### AUTHORIZATION TO RELEASE INFORMATION FOR BACKGROUND INVESTIGATION

I, \_\_\_\_\_, do hereby authorize the La Porte County Government and its (Print name)

designated representatives to conduct an appropriate background investigation including, but not limited to personal interviews for determination of my eligibility to occupy a position of trust and security, drug screening, criminal background record, BMV records, social media accounts and history, and educational records. I authorize any person who may have information relative to this investigation to disclose same to the La Porte County Government or its representatives. I also release any person from any form of liability for such disclosure.

#### INFORMATION REQUEST FOR BACKGROUND INVESTIGATION MAY BE TO:

Any person, any past or present employer, or credit reporting agency, banks, financial institutions, credit unions, or any credit extending organization.

Any department of City, State, County, or Federal Government, or its agencies.

Any Doctor, Hospital, or Medical Clinic.

Any Principal, Dean/Counselor, or person authorized to release information at a High School, College, University, or other institution of learning.

DATE:

SIGNATURE: \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_

RACE:

SEX:

DATE OF BIRTH: \_\_\_\_\_

CITY/STATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_



# LaPorte County Sheriff's Office



### **Emergency Contact**

Name:	Address:
Relationship:	Alternate Phone #:
Phone #:	
Employee Signature	

LaPorte County Sheriff's Office





### **CONDITIONS OF EMPLOYMENT**

The following describes some of the employment requirements and conditions that you should be aware of prior to completing your **Application for Employment**.

- 1. If hired, you will be required to take a standard medical and eye examination and your continued employment will be subject to your ability to satisfactorily perform the duties and responsibilities of your position. After successful completion of your medical exams your will be required to take and satisfactorily pass a Voice Stress Analysis (VSA) test to be conducted by a Certified VSA operator. (Sheriff's Office Employment Only)
- 2. If hired, you will be required to satisfactorily complete a screening drug test, upon demand, at department expense.
- 3. If hired, you will be required to comply with the LaPorte County Sheriff Office established policies, rules, regulation and general orders pertaining to the conduct of employees, as well as the established *general* policies of the LaPorte County Government.

## I have read the foregoing Conditions of Employment and I agree with the terms and conditions therein.

In addition, I authorize investigation of all statements contained in my employment application. I understand that my employment is contingent upon satisfactory completion of a physical and eye examination, Voice Stress Analysis test and drug screening test. (Sheriff Office Only) Any Statements made by me that are proven false may be considered cause for dismissal. I hereby authorize former employers and educational institutions, their officers, agents or employees to furnish the LaPorte County Government any information concerning my previous employment record, job performance and character and hereby release them from liability for reason thereof.

SIGNATURE

DATE