

Employment Application

BOONE COUNTY HIGHWAY DEPARTMENT

Boone County is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, protected veteran status or any other characteristic protected by law.

This application for employment is good for 30 days only. Consideration for employment after 30 days requires a new application.

PERSONAL:

Name _____ Date _____
Last First Middle

Address _____
Number & Street City State Zip Code

Phone Number _____ Email _____ (Optional)

Position Applied For: _____ Full Time ___ Part Time ___

Date Available _____ Salary Desired _____

Social Security Number _____ Are you over 18 years old? ___ Yes ___ No

Do you have reliable transportation to get to and from work? ___ Yes ___ No

Are you legally eligible for employment in the United States? ___ Yes ___ No

(If offered employment, you will be required to provide documentation to verify eligibility.)

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: No. of Yrs Completed (circle one) 1 2 3 4

Diploma: ___ Yes ___ No **G.E.D.:** ___ Yes ___ No

School(s) _____ City/State _____

OTHER TRAINING:

Course _____ Date _____ Skills Learned _____

Course _____ Date _____ Skills Learned _____

LICENSES

Type of License _____ CDL A _____ CDL B _____

CDL Restrictions/Endorsements: _____

Indiana License Number _____ Expiration Date _____

A copy of driver's license must be provided at time of application

SKILLS AND PROFICIENCIES: please check all that apply

Chain Saw and Operation: ____ Aerial Bucket Truck Safety and Operation ____

Manual Transmission with Air Shift ____ Shovel and/or Finish Grade Work ____

Construction Equipment Operation ____ Dump Truck Operation ____

Snow Plowing or Snow Removal ____ Other(s): _____

Have you ever been previously employed by Boone County? ____ Yes ____ No

If so, please state department name and dates of employment.

Department: _____ Position: _____

Dates: From: _____ To: _____

Reason For leaving _____

RECORD OF CONVICTION AND ACCIDENTS:

Have you ever been arrested for or convicted of a crime that has not been expunged by a court that impacted your driving privileges? ____ Yes ____ No

If yes, explain: _____

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

Have you ever been involved in an accident while operating a motor vehicle? ____ Yes ____ No

If yes, explain: _____

Have you read the job description for this position? ____ Yes ____ No

Do you have any restrictions that would prevent you from performing the essential duties and responsibilities listed in the job description? ☐ Yes ☐ No

If yes, explain: _____

Do you have any restrictions that would prevent you from working outdoors in all weather conditions? ☐ Yes ☐ No

If yes, explain: _____

EMPLOYMENT: List last employer first, including U.S. Military Service.

May we contact your present employer? ☐ Yes ☐ No

If any employment was under a different name, indicate name _____

Employer: _____

Address: _____ Telephone: _____

Position: _____

Dates of Employment: From _____ To _____ FT ☐ PT ☐ Hrs./Week _____
Mo/Yr. Mo/Yr.

Salary _____ Supervisor _____ Department _____

Duties/Responsibilities _____

Reason for Leaving _____

Employer: _____

Address: _____ Telephone: _____

Position: _____

Dates of Employment: From _____ To _____ FT ☐ PT ☐ Hrs./Week _____
Mo/Yr. Mo/Yr.

Salary _____ Supervisor _____ Department _____

Duties/Responsibilities _____

Reason for Leaving _____

Employer: _____

Address: _____ Telephone: _____

Position: _____

Dates of Employment: From _____ To _____ FT __ PT __ Hrs./Week _____
Mo/Yr. Mo/Yr.

Salary _____ Supervisor _____ Department _____

Duties/Responsibilities _____

Reason for Leaving _____

REFERENCES:

Name _____

Address _____

Phone (____) _____

Relationship _____

Name _____

Address _____

Phone (____) _____

Relationship _____

Name _____

Address _____

Phone (____) _____

Relationship _____

Name _____

Address _____

Phone (____) _____

Relationship _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Boone County to verify their accuracy and to obtain reference information on my work performance. I hereby release Boone County from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that Indiana law and County Ordinance#93-10 prohibits the use of any form of tobacco throughout the County's facilities and grounds by employees, Department Heads, and Elected Officials. I further understand that I may be subject to penalties under Indiana law and also subject to disciplinary action up to and including termination of employment if I violate this policy.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____ Date: _____