



DAVIESS COUNTY FISCAL COURT

An Equal Opportunity Employer

Application for Full-Time Employment

It is the policy of the Daviess County Fiscal Court to provide employment, training compensation, promotion and other conditions of employment based on qualification, without regard to race, color, religion, national origin, sex, age, marital or veteran status, the presence of non-job-related disability, or any other legally protected status.

Position Applying _____ Date of Application _____

Last Name _____ First Name _____ Middle Initial _____

Address _____ Number _____ Street _____ City _____ State _____ Zip Code _____

Telephone Number(s) _____ Social Security No. (last 4 digits only) _____

Email address _____

JOB INTEREST

Wage or Salary Expected \$ _____ Per Hour _____ Week _____ Month _____

Date Available for Employment _____ Are you currently employed? Yes _____ No _____

Were you ever employed by the County? Yes _____ No _____ If yes, what dept. _____

Dates _____ to _____

EDUCATION AND TRAINING

Name and Location of School	Grade Completed	Course Degree	Class Standing
_____	_____	_____	_____

High School _____

College _____

Graduate School _____

Apprentice, Business, Technical, Military or Vocational School _____

Other Training or Skills (Factory or Office Machines Operated, Special Courses, Military Training, etc.,) _____

Describe any Honors you have received _____

OTHER JOB RELATED ACTIVITIES

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal sex, religion, national origin, age, ancestry, disability, or other protected status.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

MILITARY

Have you served in the Military? Yes _____ No _____ Branch of Service _____

Date Entered _____ Date Discharged _____ Final Rank _____

Type of Discharge _____

EMPLOYMENT HISTORY

Start with your present or last job. It is suggested you submit a resume with your application to provide further detail of your experience.

Employer _____ Dates worked: From _____ to _____
Address _____ Starting Salary: \$ _____ per _____
Job Title _____ Final Salary: \$ _____ per _____
Department _____ Supervisor _____ Phone Number _____
Reason For Leaving _____ May We Contact: Yes ___ No ___

Employer _____ Dates worked: From _____ to _____
Address _____ Starting Salary: \$ _____ per _____
Job Title _____ Final Salary: \$ _____ per _____
Department _____ Supervisor _____ Phone Number _____
Reason For Leaving _____ May We Contact: Yes ___ No ___

Employer _____ Dates worked: From _____ to _____
Address _____ Starting Salary: \$ _____ per _____
Job Title _____ Final Salary: \$ _____ per _____
Department _____ Supervisor _____ Phone Number _____
Reason For Leaving _____ May We Contact: Yes ___ No ___

REFERENCES

Give name, address, and daytime telephone number of three references who are not related to you and are not previous employers.

- 1. _____
- 2. _____
- 3. _____

Do you have any relatives presently employed by the Daviess County Fiscal Court: Yes ___ No ___
Do you have any relatives that currently hold an elected office in County Government? Yes ___ No ___

If yes to the above questions, please list their names, department in which working, and relationship to you. _____

Do you have a valid driver’s license? Yes ___ No ___

Are you able to perform the essential duties and responsibilities of the position for which you are applying with or without accommodation? Yes ___ No ___

Have you, since the age of 18, ever been convicted of a felony? Yes ___ No ___ If yes, please give dates and an explanation. _____

Are you legally eligible for employment in the U.S.? Yes ___ No ___
Can you provide documentation verifying your eligibility? Yes ___ No ___

I understand that any false information made by me on this application, or any supplement thereto, will be sufficient grounds for immediate discharge if I am employed. I understand I must also complete and submit with my application the attached “APPLICANT’S STATEMENT” and any other information as required.

Applicant’s Signature _____
Date

Daviess County Fiscal Court
Applicant's Statement

I agree to submit to and satisfactorily pass, when required by applicable laws and policies, a post-offer, pre-employment drug and alcohol screen by a qualified party of the County's choosing, a post-offer physical examination by a physician of the County's choosing, to submit to reexamination when required, and to authorize the release of any medical information to the Daviess County Fiscal Court.

I understand, if accepted for employment, that this application does not constitute an employment contract, expressed or implied. An individual's employment and compensation can be terminated at any time at the option of either the Daviess County Fiscal Court or the employee in accordance with applicable personnel policy and applicable law. No supervisor or representative of the Daviess County Fiscal Court, other than the Daviess County Fiscal Court acting as legislative body, has the authority to enter into any agreement for employment for any specified period of time or to modify an agreement at any time.

I agree with Daviess County Fiscal Court to accept the provisions of the Worker's Compensation Laws.

I authorize persons, schools, current employer, previous employers and organizations named in this application (and accompanying resume, if any) to provide the Daviess County Fiscal Court with any relevant information that may be required to arrive at an employment decision. I authorize the County to investigate my driving record, criminal history and any other pertinent information as is necessary to arrive at an employment decision, in accordance with applicable County policy, procedure, and law. I agree to cooperate in such investigations, and release those parties supplying such information to the County from all liability or responsibility with respect to information supplied.

I agree to abide by the policies, procedures, and directives of the employer. I acknowledge that such policies, procedures, and directives may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option and without any prior notice to me.

I understand that any false answers or statements made by me on this application, statement, or any supplement thereto or in connection with the above mentioned investigations, will be sufficient grounds for immediate discontinuation of consideration for employment, and immediate discharge, if I am employed.

Applicant's Signature

Date