

**GREENE COUNTY COMMUNITY CORRECTIONS**  
**104 COUNTY ROAD 70 EAST, SUITE E**  
**BLOOMFIELD, IN 47424**  
**812-384-0300**



**Application Instructions**

- The application must be filled out by the applicant. It may be typed or printed.
- Answer all questions. If the question does not apply, state: N/A or None.
- **Applications will not be considered until complete in every respect.**
- **Misrepresentation of facts on the application will disqualify the applicant.**
- It is important that you clearly and correctly indicate your mailing address and telephone number(s). In the event you change address or phone number(s) after filing your application; mail notification of said change to us immediately.
- **Please do not make inquiry regarding the status of your application. It will be received and processed in a timely manner.**
- Complete applications will be kept one full year. After that time, they will be considered inactive and be destroyed.
- **A copy of your driver's license with your completed application is requested, however, it is not required.**

**APPLICATION FOR EMPLOYMENT**

**County of Greene, Indiana**  
*an Equal Opportunity Employer*

**The County of Greene, Indiana, does not discriminate on the basis of race, color, gender, national origin, age, religion, or disability, in employment or the provision of services.**

Please type or print responses to all questions on the application form. *Any application not completed in its entirety will be disqualified.*

Position sought \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_

Middle initial \_\_\_\_\_ Former name(s) \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Phone(s) \_\_\_\_\_ Number of years at this address \_\_\_\_\_

Are you at least 21 years of age? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you related to an employee currently employed by the County? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please state relationship \_\_\_\_\_ and their current Department \_\_\_\_\_.

Are you interested in: Full-time work? Yes \_\_\_\_\_ No \_\_\_\_\_

Part-time work? Yes \_\_\_\_\_ No \_\_\_\_\_

Temporary work? Yes \_\_\_\_\_ No \_\_\_\_\_

Date available to start work \_\_\_\_\_

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**EMPLOYMENT HISTORY AND WORK EXPERIENCE**

List all employment history and work experience during the previous five years, beginning with your current employer. *Failure to include all past employment may be grounds for disqualification.*

If currently unemployed, check here \_\_\_\_\_ and skip to **Previous employer** below.

! **Current employer** \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Hire date \_\_\_\_\_ Job title \_\_\_\_\_

Beginning salary \_\_\_\_\_ per \_\_\_\_\_ Current salary \_\_\_\_\_ per \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Work phone \_\_\_\_\_

Briefly describe the work you do, such as duties, responsibilities, equipment you operate, promotions:

Why do you want to leave?

May we contact your current employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, please explain why:

! **Previous employer** \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Dates employed \_\_\_\_\_ - \_\_\_\_\_ Job title \_\_\_\_\_

Beginning salary \_\_\_\_\_ per \_\_\_\_\_ Ending salary \_\_\_\_\_ per \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Work phone \_\_\_\_\_

Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions:

Reason for leaving:

May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, please explain why:

! **Previous employer** \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Dates employed \_\_\_\_\_ - \_\_\_\_\_ Job title \_\_\_\_\_

Beginning salary \_\_\_\_\_ per \_\_\_\_\_ Ending salary \_\_\_\_\_ per \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Work phone \_\_\_\_\_

Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions:

Reason for leaving:

May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, please explain why:

! **Previous employer** \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Dates employed \_\_\_\_\_ - \_\_\_\_\_ Job title \_\_\_\_\_

Beginning salary \_\_\_\_\_ per \_\_\_\_\_ Ending salary \_\_\_\_\_ per \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Work phone \_\_\_\_\_

Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions:

Reason for leaving:

May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, please explain why:

*^ If you had additional employers within the last five years, attach additional pages as needed.*

List and explain periods of unemployment in the past five years:

From \_\_\_\_\_ to \_\_\_\_\_ Reason:

From \_\_\_\_\_ to \_\_\_\_\_ Reason:



EDUCATION AND TRAINING

This section is intended to give the employer information about education and training you have completed, and to describe your skills, knowledge and abilities to perform the duties of the position.

High school attended *Attach additional pages as needed.*

Name \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Diploma? Yes \_\_\_\_\_ No \_\_\_\_\_ GED? Yes \_\_\_\_\_ No \_\_\_\_\_

Activities, awards *(You may exclude any which indicate race, color, religion, gender, age, national origin, or disability)*

\_\_\_\_\_

College(s) or Trade School(s) attended *Attach additional pages as needed.*

Name \_\_\_\_\_

Dates attended \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Degree(s) \_\_\_\_\_

Major/minor course(s) of study \_\_\_\_\_

! Name \_\_\_\_\_

Dates attended \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Degree(s) \_\_\_\_\_

Major/minor course(s) of study \_\_\_\_\_

! Activities, awards *(You may exclude any which indicate race, color, religion, gender, age, national origin, or disability.)*

\_\_\_\_\_  
\_\_\_\_\_

! Seminars/workshops, special awards, articles you have published, other information that may be relevant to the position you are seeking:

\_\_\_\_\_  
\_\_\_\_\_



**MILITARY HISTORY AND STATUS**

If you have never served in the military on active duty, check here \_\_\_\_\_ and skip to the next

section. Military Branch      Dates of Service      Highest Rank Attained      Rank at Separation

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Type of Discharge \_\_\_\_\_

Citations/awards received \_\_\_\_\_

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**PROFESSIONAL OR SPECIALIZED TRAINING**

Specialized training \_\_\_\_\_

Professional/special license(s) or certificate(s):

State                      Issued By                      Date Issued      Expiration      Type                      License #

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Have you had any license suspended, revoked or terminated? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:

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**PROFESSIONAL AFFILIATIONS**

List current or previous affiliations/organizations and related offices/positions.

Organization Name                      Address                      Phone                      Offices/Positions

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!Use the following space to describe other training, education, skills, abilities, hobbies, volunteer work or other information that may be helpful in evaluating your application. *(You may exclude any which indicate race, color, religion, gender, age, national origin or disability.)*

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PERSONAL INFORMATION

Residence Last Five Years Other than Present:

Street	City	State	From	To

Do you have any commitments which might interfere with or adversely affect your employment with us, such as a second job or school? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

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! Have you ever been convicted of a felony that has not been expunged or sealed?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

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! Do you have an arrest record that has not been expunged or sealed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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! Are you currently required to register as a sex offender in this or any other jurisdiction?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain (including jurisdiction of registry): \_\_\_\_\_

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! List three references that are not related to you.

N Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Number of years known \_\_\_\_\_

N Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Number of years known \_\_\_\_\_

N Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Number of years known \_\_\_\_\_

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**APPLICANT CERTIFICATION**

Read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by signing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing.

Initials: \_\_\_\_\_

! I understand and accept that, if I am hired, I may be hired conditional on passing any medical and/or psychological examinations that the employer deems necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials: \_\_\_\_\_

! I understand that it may be necessary for me to approve and sign any waivers necessary in order for the employer to obtain information from my current and former employers.

Initials: \_\_\_\_\_

! I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: \_\_\_\_\_



! I solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that my misrepresentations or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment.

Initials: \_\_\_\_\_

By submitting this document, I hereby agree that I shall execute the employer's conditional and post-employment medical examination and drug testing consent requirements. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

***The following section to be completed by Community Corrections applicants only:***

! I understand that Greene County Community Corrections provides seven days per week and twenty-four hours per day security at the Residential Work Release facility and therefore, if employed by Community Corrections I may be required to work all shifts including weekends and holidays.

Initials: \_\_\_\_\_

! I am interested in the following shifts: *(mark all that apply)*

Morning/Day	Yes _____	No _____
Evening	Yes _____	No _____
Night	Yes _____	No _____
Holidays	Yes _____	No _____

Initials: \_\_\_\_\_

! I understand that I must possess a valid driver's license.

Initials: \_\_\_\_\_

! Due to required Residential Work Release facility procedures, certain employment positions with Greene County Community Corrections may require specific duties be performed only by males or only by females. Community Corrections at any given time may be in need of employing a specific gender. To help us with such decisions, please indicate your gender below.

Male: \_\_\_\_\_ Female: \_\_\_\_\_

**NOTICE AUTHORIZATION AND RELEASE FOR  
CRIMINAL BACKGROUND CHECK**

**County of Greene, Indiana**  
*an Equal Opportunity Employer*

I, \_\_\_\_\_ respectfully request and authorize Greene County Community Corrections to complete a criminal background check. This information is to be used in the course of my application for employment with the County of Greene. I hereby release Greene County Community Corrections, the County of Greene and any organization assisting with the application process from any liability or damages which may result as a result of furnishing the information requested.

_____ Signature of Applicant	_____ Date
_____ Print Full Name	_____ Social Security Number
_____ Date of Birth (Note: date of birth is requested in order to obtain accurate retrieval of records.)	
_____ Current Address	_____ City/State/Zip
_____ Driver's License No.	_____ State Issued