

State of Indiana

***Warren Circuit Court and Probation***

**EMPLOYMENT APPLICATION**

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| --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION** |  | | |  |
| **Name (Last, First Middle):** Click or tap here to enter text. | | | **Maiden or Other Last Name:** Click or tap here to enter text. | |
| **Street Address:** Click or tap here to enter text. | | | | |
| **City:** Click or tap here to enter text. | | **State:** Click or tap here to enter text. | | **Zip:** Click or tap here to enter text. |
| **Home Phone:** Click or tap here to enter text. | | **Email:** Click or tap here to enter text. | | |
| **Mobile Phone:** Click or tap here to enter text. | | | | |
| **Social Security No:** Click or tap here to enter text. | | | | **Birth date:** Click or tap here to enter text. |

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| **EMPLOYMENT HISTORY:** Please list all employment for the past fifteen (15) years, start with the most recent position. Be as accurate as possible. *(Use additional paper if form provides insufficient space. A template is provided at the end of this document.)* | | | | | |
| **JOB 1** | **Job Title:** Click or tap here to enter text. | | | May we contact this employer?  YES  No | |
| **Name of Business/Organization:** Click or tap here to enter text. | | | | | |
| **Street Address:** Click or tap here to enter text. | | | | | |
| **City:** Click or tap here to enter text. | | **State:** Click or tap here to enter text. | | | **Zip:** Click or tap here to enter text. |
| **Name of Immediate Supervisor:** Click or tap here to enter text. | | | | | |
| **Supervisor Title:** Click or tap here to enter text. | | | **Supervisor Phone No.:** Click or tap here to enter text. | | |
| **Dates Employed:** Click or tap here to enter text. | | | | | |
| **Brief description of the work you performed:** | | | | | |
| Click or tap here to enter text. | | | | | |
| **Reason for Leaving or desiring to Leave:** | | | | | |
| Click or tap here to enter text. | | | | | |

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| **JOB 2** | **Job Title:** Click or tap here to enter text. | | | |
| **Name of Business/Organization:** Click or tap here to enter text. | | | | |
| **Street Address:** Click or tap here to enter text. | | | | |
| **City:** Click or tap here to enter text. | | **State:** Click or tap here to enter text. | | **Zip:** Click or tap here to enter text. |
| **Name of Immediate Supervisor:** Click or tap here to enter text. | | | | |
| **Supervisor Title:** Click or tap here to enter text. | | | **Supervisor Phone No.:** Click or tap here to enter text. | |
| **Dates Employed:** Click or tap here to enter text. | | | | |
| **Brief description of the work you performed:** | | | | |
| Click or tap here to enter text. | | | | |
| **Reason for Leaving:** | | | | |
| Click or tap here to enter text. | | | | |

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| **JOB 3** | **Job Title:** Click or tap here to enter text. | | | |
| **Name of Business/Organization:** Click or tap here to enter text. | | | | |
| **Street Address:** Click or tap here to enter text. | | | | |
| **City:** Click or tap here to enter text. | | **State:** Click or tap here to enter text. | | **Zip:** Click or tap here to enter text. |
| **Name of Immediate Supervisor:** Click or tap here to enter text. | | | | |
| **Supervisor Title:** Click or tap here to enter text. | | | **Supervisor Phone No.:** Click or tap here to enter text. | |
| **Dates Employed:** Click or tap here to enter text. | | | | |
| **Brief description of the work you performed:** | | | | |
| Click or tap here to enter text. | | | | |
| **Reason for Leaving:** | | | | |
| Click or tap here to enter text. | | | | |

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| **EDUCATION/TRAINING** | | |
| **POST-GRADUATE COLLEGE** | **Field of Study/Major:** Click or tap here to enter text. | |
| **Name of School:** Click or tap here to enter text. | | **Degree Earned:** Click or tap here to enter text. |
| **City:** Click or tap here to enter text. | | **State:** Click or tap here to enter text. |
| **Did you graduate? Yes  No** | | **GPA:** Click or tap here to enter text. |
| **Name While Attending:** Click or tap here to enter text. | | **Graduation Date:** MM/YYYY |
| **Special Courses, Training, Honors:** | | |
| Click or tap here to enter text. | | |
|  | | |
| **POST-GRADUATE COLLEGE** | **Field of Study/Major:** Click or tap here to enter text. | |
| **Name of School:** Click or tap here to enter text. | | **Degree Earned:** Click or tap here to enter text. |
| **City:** Click or tap here to enter text. | | **State:** Click or tap here to enter text. |
| **Did you graduate? Yes  No** | | **GPA:** Click or tap here to enter text. |
| **Name While Attending:** Click or tap here to enter text. | | **Graduation Date:** MM/YYYY |
| **Special Courses, Training, Honors:** | | |
| Click or tap here to enter text. | | |

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| **UNDERGRADUATE COLLEGE** | **Field of Study/Major:** Click or tap here to enter text. | |
| **Name of School:** Click or tap here to enter text. | | **Degree Earned:** Click or tap here to enter text. |
| **City:** Click or tap here to enter text. | | **State:** Click or tap here to enter text. |
| **Did you graduate? Yes  No** | | **GPA:** Click or tap here to enter text. |
| **Name while attending:** Click or tap here to enter text. | | **Graduation Date:** MM/YYYY |
| **Special Courses, Training, Honors:** | | |
| Click or tap here to enter text. | | |

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| --- | --- | --- |
| **UNDERGRADUATE COLLEGE** | **Field of Study/Major:** Click or tap here to enter text. | |
| **Name of School:** Click or tap here to enter text. | | **Degree Earned:** Click or tap here to enter text. |
| **City:** Click or tap here to enter text. | | **State:** Click or tap here to enter text. |
| **Did you graduate?** **Yes** **No** | | **GPA:** Click or tap here to enter text. |
| **Name while attending:** Click or tap here to enter text. | | **Graduation Date:** MM/YYYY |
| **Special Courses, Training, Honors:** | | |
| Click or tap here to enter text. | | |

| **HIGH SCHOOL** | **Type of Diploma:** Click or tap here to enter text. | |
| --- | --- | --- |
| **Name of School:** Click or tap here to enter text. | | **Name while attending:** Click or tap here to enter text. |
| **City:** Click or tap here to enter text. | | **State:** Click or tap here to enter text. |
| **GPA:** Click or tap here to enter text. | | **Graduation Date:** MM/YYYY |
| **Special Courses, Training, Honors:** | | |
| Click or tap here to enter text. | | |

| **MILITARY SERVICE** | **Branch:** Click or tap here to enter text. | |
| --- | --- | --- |
| **Rank in Military:** Click or tap here to enter text. | | **Dates of Service:** Click or tap here to enter text. |
| **Skills/Duties/Additional Information:** | | |
| Click or tap here to enter text. | | |

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| **CRIMINAL HISTORY** |  |
| **Have you ever been convicted of a felony, misdemeanor, infraction, or traffic offense (excluding parking tickets)?**  *If yes, please provide date of the incident, name of court, city, and state, law enforcement agency involved, charge, sentence, and any other disposition. Use additional paper if necessary.* | YES  No |
| Click or tap here to enter text. | |
| **In addition to the convictions listed above, have you ever been accused of a felony, misdemeanor, infraction, or traffic offense (excluding parking tickets)?**  *If yes, please provide the date of the incident, name of court, city, and state, law enforcement agency involved, charge, sentence and any other disposition. Use additional paper if necessary.* | YES  No |
| Click or tap here to enter text. | |

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| **Excluding information provided on Page 4, please list all other professional licenses that you now hold or have held in the past. Please set out the dates of license and the licensing body.** | |
| Click or tap here to enter text. | |
| **Have you ever been denied a professional license?**  *If yes, please provide dates, governing agency that denied your license and all other details. Use additional paper if necessary.* | YES  No |
| Click or tap here to enter text. | |
| **Have you ever been accused of violating any of the rules and regulations governing the holding of any license listed in response to question A?**  *If yes, please provide dates, agency, details of allegation, and resolution of the matter. Use additional paper if necessary.* | YES  No |
| Click or tap here to enter text. | |
| **Have you ever had your license or ability to perform any profession listed in question 4 revoked or suspended?**  *If yes, please provide dates, governing agency involved and details. Use additional paper if necessary.* | YES  No |
| Click or tap here to enter text. | |

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| **CONFLICT CHECK** | |  |
| **Does any immediate family member or any person living in your household currently work for Warren County or the Warren Circuit Court?**    *If yes, please provide the name of the person(s) currently employed and their relationship to you. If no, indicate such with “N/A”.* | | |
| **Last Name** | **First Name** | **Relationship to Applicant** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **ABILITY TO PERFORM JOB** |  |
| **Do you have any condition or impairment that left untreated would affect your ability to perform the essential functions of the position?**  *If yes, please provide specifics below. Use additional paper if necessary.* | YES  No |
| Click or tap here to enter text. | |

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| **REFERENCES:** Please list ***three (3) employment/professional references*** with contact phone number and email address for each. Please limit the references to individuals who have personal knowledge of you during the immediate past five (5) years. | | |
| **Name (Last, First)** | **Affiliation** | **Contact Information (Phone # & Email)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **ACKNOWLEDGEMENT** | |
| By submitting this application, the undersigned specifically acknowledges that the Indiana Supreme Court may use any and all information provided herein to conduct a pre-employment background investigation, including but not limited to an inquiry made to the Indiana Supreme Court Disciplinary Commission and the Indiana Supreme Court Commission on Continuing Legal Education or any other licensing/governing entity/body, a criminal history check and verification of academic credentials. Further, the applicant specifically consents to such investigation, including but not limited to giving specific authorization to obtain academic records (including transcripts and/or grade point averages) from any and all institutions I attended.  By signing below, the applicant affirms that the information provided is true, accurate and complete. Further, the applicant specifically acknowledges that any inaccuracies, discrepancies, omissions or errors on this application discovered after employment may result in discipline, up to and including immediate termination. I understand | |
|  |  |
| **Signature** |  |
|  |  |
| **Date** |  |

*Remit, with digital or original signature and Resumé, to:*

Warren Circuit Court Judge

# 125 N. Monroe Street, Suite 6

# Williamsport, Indiana 47993

Phone: (765) 762-3604

Email: [court@warrencounty.in.gov](mailto:court@warrencounty.in.gov)

NOTICE: The Warren Circuit Court is an Equal Opportunity Employer and provides a Drug Free Workplace. The Warren Circuit Court does not discriminate in hiring or delivery of services based upon race, color, national origin, religion, sex, sexual orientation, gender identity, or disability.

| **JOB \_** | **Job Title:** Click or tap here to enter text. | | | |
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| **Street Address:** Click or tap here to enter text. | | | | |
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| **Reason for Leaving:** | | | | |
| Click or tap here to enter text. | | | | |

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