

Leah Hildebrand, Supervisor	Ripley County Communications Center 210 N Monroe St; PO Box 364 Versailles Indiana, 47042
Amanda Smith,	Always Here, Always Ready
Assistant Supervisor	Equal Opportunity Employer

Section I – Personal Information

Last Name		First Name			MI	
Drivers License Number			State			
Street Address	City	State	Cou	nty	Zip Code	
Home Telephone #		Work Telephone #		Cell or	r Alternate Telephon	ne #
E-Mail Address:						
Best time to contact you	ı by phone	: Home		Work_		
Are you prevented from County because of VIS.	•		oyed by this		Yes	No

Position(s) a	pplied for
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	Ripley County
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	9-1-1

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	Equal Opportunity I	Employer	
	Section II – Work Reference	S	
Are you currently on "	'lay-off'' status and subject to recall?	Yes	
Date you can start:			
1. Employer's Name_			
1. Employer's Name			
Street Address	City State		p Code
Street Address Dates Employed: From	City State	e Zij	p Code
Street Address Dates Employed: From Job Title:	City State	e Zij	p Code
Street Address Dates Employed: From Job Title:	City State	e Zij	p Code
Street Address Dates Employed: From Job Title: Describe your duties, r	City State	e Zij	p Code
Street Address Dates Employed: From Job Title: Describe your duties, r Reason for leaving	City State	e Zij	p Code
Street Address Dates Employed: From Job Title: Describe your duties, r Reason for leaving	City State n: To: responsibilities, etc. for positions held:	e Zij	p Code

Describe your duties, resp	oonsibilities, etc for posit		
Job Title:			
Dates Employed: From:		То:	
Street Address	City	State	Zip Code
3. Employer's Name			
son for leaving:			
Describe your duties, resp	oonsibilities, etc for posit	ons held:	
Job Title:			
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Ripley County	
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	Section III – Education and Training
1. School Name and Lo	ocation
Years Completed	Diploma/ Degree/ Major
2. School Name and Lo	ocation
Years Completed	Diploma/ Degree/ Major
3. School Name and Lo	ocation
	Diploma/ Degree/ Major
Other schools attended	:
Please describe the cou attained which you feel classes, certificates, ho	rses you took, technical training you received, or skills you have I will help you perform the job for which you are applying (special bbies, volunteer work projects which have taught you qualifying



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Section IV - Miscellaneous

AS AN ADULT OR JUVENILE:

? Yes No
ervice of the state of Indiana?
7? YesNo
Yes No
Yes No

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ave you ever been convicted ave you ever been arrested f	
yes, explain	
<u> </u>	
-	
ave you ever been arrested f	
ave you ever been convicted ave you ever been arrested f yes, explain	for domestic battery? Yes 🗌 No 🗍
ave you ever been arrested f	for domestic battery? Yes 🗌 No 🗍
ve you ever been arrested f	For domestic battery? Yes
ve you ever been arrested f yes, explain	For domestic battery? Yes

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•	or assisted another person in the crime of murder, kidnapping, rson, theft or conversion? \Box Yes \Box No
If yes, explain	
n yes, explain	
n yes, explain	
	or sold anything you knew or suspected was stolen?
Have you ever purchased o	
Have you ever purchased on the second of the second	or sold anything you knew or suspected was stolen?
Have you ever purchased on the second of the second	or sold anything you knew or suspected was stolen?
Iave you ever purchased o Yes No If yes, explain ave you ever possessed, p	or sold anything you knew or suspected was stolen?
Have you ever purchased o Yes No If yes, explain fave you ever possessed, p Yes No Yes No	or sold anything you knew or suspected was stolen?

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	arrested for an alcohol related violation? (i.e. OVWI, public session of alcohol) \Box Yes \Box No
ntoxication, illegal poss	
ntoxication, illegal poss If yes, explain Have you ever been disi	session of alcohol) Yes No

Printed_____



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Section V – References

Please give the name, address and telephone number of three references **<u>not related</u>** to you who would know of your skills for this position

Name	Address	Telephone #
Name	Address	Telephone #
Name	Address	Telephone #

I hereby authorize that the information provided by me in this application for employment is true, correct and complete to the best of my knowledge. I understand that, if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

I authorize the Ripley County Communications Center to obtain information through contacts with my former employers and references listed above.

Signature

Date

Printed Name



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- I. In applying for employment, I want the Ripley County Communications Center to be fully informed of my previous record. Accordingly, I hereby authorize the Ripley County Communications Center to investigate my background and to obtain any and all information which may concern me, including the information set forth in my application.
- II. I hereby release all persons, including schools, companies, corporations, credit bureaus and law enforcement agencies from any liability on account of furnishing such information.
- III. I fully understand that if employed, any misrepresentation of facts on this application is sufficient reason for my immediate termination.
- IV. In addition to my authorization and release of information and entities set forth in paragraphs 1, 2, and 3 above, I hereby authorize the Ripley County Communications Center to discuss the results of any pre-employment investigation with those persons who conduct the interview(s) and any investigation with those persons responsible for hiring.
- V. I understand that nothing contained in this application, or in the granting of conducting of an interview, is intended to create a contract between the Ripley County Communications Center and myself.

I have read and understand the above statement carefully and I agree to abide by all of its terms.

Applicant Signature_____

Date___/__/

Printed Name_____