



La Porte County Coroner's Office Application for Deputy Coroner

Sec. 1.

PERSONAL DESCRIPTION

A. Name _____

First Middle Last

B. Address _____

Street City State/Zip

Age _____ Date of Birth _____

Month Day Year

Social Security Number _____

Height _____ Weight _____

Driver's License _____

Expiration Date _____

Phone Number _____

Alternate Phone Number _____

Sec. 2. CHILDREN AND DEPENDENTS

(Check all that apply) Single - Married - Separated - Divorced - Widow(er)

A. List your spouse, all your children, including stepchildren and adopted children, and all other dependents:

N/A _____

Sec. 3. Military Status

Are you a United States military veteran? YES NO

Are you presently a member of U.S. Reserves or National Guard organization?

YES NO

Sec. 4. EDUCATION

Please circle years completed and list the names of schools attended.

Elementary School 5 6 7 8 High School 9 10 11 12

Name _____

Name _____

Did you receive a diploma? YES NO

Did you receive a GED? YES NO

College / University 1 2 3 4 Graduate / Professional 1 2 3 4

Describe specialized training, apprenticeship skills and extra-curricular activities.

Sec. 5. CURRENT EMPLOYMENT

Please give accurate, complete, full-time and part-time employment record. Start with present or most recent employer first.

1. Company Name: _____

Telephone No. _____

Address: _____

Employment Date Start _____ End _____

Supervisor: _____

Reason for Leaving: _____

Position _____

2. Company Name: _____

Telephone No. _____

Address: _____

Employment Date Start _____ End _____

Supervisor: _____

Reason for Leaving: _____

Position _____

Sec. 6. VEHICLE OPERATOR'S LICENSE (Drivers, Chauffeurs, etc.)

Give the following information concerning any vehicle operator's license you have held or now hold:

KIND OF LICENSE PLACE OF ISSUE DATE EXPIRES RESTRICTIONS STATUS

Have you ever been denied issuance of a driver's license or have you ever had a license suspended or revoked?

YES NO

If yes, explain fully:

Have you ever had automobile insurance withdrawn or revoked, or have you ever been refused automobile insurance?

YES NO

If yes, give details, including reasons, names of companies, dates, etc:

Give the name and address of the insurance company with whom you now have automobile insurance:

Sec. 7. TRAFFIC CITATIONS

Give the following information concerning any traffic citations you have received:

KIND OF CITATION DATE RECEIVED LOCATION

Sec. 8. CRIMINAL HISTORY

List any arrests or criminal offenses you have been charged with.

DATE LOCATION OFFENSE DISPOSITION

Sec. 9. SPECIAL SKILLS AND QUALIFICATIONS:

Summarize special skills and qualifications learned from employment or other experiences:

List professional trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex, national origin or disability):

Sec. 10. REFERENCES

Give the following information of ONE personal references not related to you

NAME (Include Telephone #) ADDRESS BUSINESS YEARS ACQUAINTED

Do you have a permit to carry a gun?
YES NO

Please list your availability below.



APPLICANTS STATEMENT

I certify that the answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment. I hereby authorize anyone of whom request is made to supply to the La Porte County Coroner's Office information concerning my background in connection with my being considered for employment with the La Porte County Coroner's Office. I hereby release and hold harmless all parties, including, but not limited to the La Porte County Coroners Office, my personal references and my previous employers, from any and all liability for any injury or damage that may result from their furnishing information to the La Porte County Coroners Office concerning me or any action taken the La Porte County Coroner's Office takes on the basis of such information.

I understand that this application is not and is not intended to be a contract for employment.

In the event of employment, I understand that:

- (a) Misrepresentation or omission of facts on this application is cause for immediate dismissal;
- (b) I am required to and agree to abide by all rules and regulations as a condition of employment;
- (c) This application is not a contract of employment;
- (d) I understand this application will not be given active consideration ninety (90) days after it's submission to the La Porte County Coroner's Office.

Signature of applicant

Date
