



**STATE OF INDIANA
EMPLOYMENT APPLICATION**

State Form 22477 (R17 / 8-18)
STATE PERSONNEL DEPARTMENT



Work for Indiana

APPLICANT IS NOT REQUIRED TO GIVE ANY INFORMATION PROHIBITED BY LOCAL, STATE, OR FEDERAL LAW.

NOTE: As used in this application, "State of Indiana" means the State of Indiana and/or its affiliated agencies, departments, commissions, or other related entity.

Contact Information

Full Name: _____ Date: _____
 Last *First* *M.I.* *(month, day, year)*

Address: _____
 Street Address (number and street) *Apartment/Unit Number*

City *State* *ZIP Code* *Country*

Telephone: _____ E-mail: _____

May We Contact you regarding other positions? _____ Preferred Method of Contact: _____ Interested in Full-Time or Part-Time? _____

Position Applied for: _____

Have you ever worked for the State of Indiana as an employee or contract worker? YES NO If yes, when? _____
 ☐ ☐

Please provide details of your last employment with the State (*Agency, year of departure, and ending job title*): _____

Previous Work Experience

Company Name: _____ Telephone: _____

Address: _____ Supervisor: _____
 (number and street, city, state, and ZIP code)

Job Title: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____
 (month, day, year) *(month, day, year)*

Are you currently employed with this employer? YES NO
 ☐ ☐
 YES NO
 May we contact your previous supervisor for a reference? ☐ ☐

Company Name: _____ Telephone: _____

Address: _____ Supervisor: _____
 (number and street, city, state, and ZIP code)

The State of Indiana is an Equal Opportunity Employer.



Work for Indiana

Job Title: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____
(month, day, year) (month, day, year)

Are you currently employed with this employer? YES NO
☐ ☐

May we contact your previous supervisor for a reference? YES NO
☐ ☐

Company Name: _____ Telephone: _____

Address: _____ Supervisor: _____
(number and street, city, state, and ZIP code)

Job Title: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____
(month, day, year) (month, day, year)

Are you currently employed with this employer? YES NO
☐ ☐

May we contact your previous supervisor for a reference? YES NO
☐ ☐

Education

Highest Level of Education Completed: _____

School Name: _____

Major: _____

Are you currently enrolled? YES NO
☐ ☐

If yes, anticipated graduation date (month, day, year): _____

Country: _____

City: _____

State / Province: _____

License and Certifications

Please list any Licenses and Certifications you have obtained.

Name: _____

Issuing Authority: _____

Name: _____

Issuing Authority: _____

Language Skills

Language: _____

Speaking Proficiency: _____ Reading Proficiency: _____

Writing Proficiency: _____

Language: _____

Speaking Proficiency: _____ Reading Proficiency: _____

Writing Proficiency: _____

Consent

You must agree to the terms of the agreement to submit your personal information.

By agreeing to the terms and conditions set out in this Privacy Statement, and by providing us with your personal information, you consent to the collection, use and disclosure of any information you provide in accordance with the above purposes and this Privacy Statement. By agreeing to these terms and conditions, you are also certifying that the information collected is correct and that you understand that misrepresentation may be cause for rejection of your application or may be cause for dismissal if employed.

Our Privacy Statement may change from time to time. Subject to relevant applicable laws, we may seek your consent to any change to our Privacy Statement. We will not reduce your rights under this Privacy Statement without your consent. We will post any Privacy Statement changes on this page and, if the changes are significant, we will provide a more prominent notice (including e-mail notification of Privacy Statement changes).

It is the continuing policy of the State of Indiana to employ and promote the most qualified persons for all positions without regard to race, religion, color, national origin, ancestry, citizenship, sex, gender identity, sexual orientation, marital or domestic partner status, veteran status, age, protected disability, genetic information, or any other status or characteristic protected under applicable federal, state, or local law.

If you have previously applied for employment with the State of Indiana and chose to voluntarily self-identify certain personal characteristics, those same characteristics will be automatically selected for you on this subsequent application. If you no longer identify with that characteristic, or you no longer wish to self-identify, you may modify those selections below.

I certify that I have read, fully understand and accept all terms of the foregoing applicant statements with my signature below.

Signature: _____

Date (month, day, year): _____

EEO Self-Identification

Equal Employment Opportunity - Voluntary Self-Identification of Race/Ethnicity, Disability and Veterans

It is the policy of the State of Indiana to provide Equal Employment Opportunity to all employees and applicants for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, or veteran's status; or status within any other protected group. Various agencies of the United States government require employers to collect information about their employees.

Information requested on this sheet is for purposes of compliance with these recordkeeping requirements and to determine employment patterns. Such information will in no way affect the decision regarding your employment with the State of Indiana. This information will be kept confidential and maintained separately from your personnel records.

Ethnicity/Race

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Not Specified |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Two or More Races (non-Hispanic or Latino) |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White |

Gender

- ☐ No Selection ☐ Female ☐ Male

Veteran Self-Identification

The State of Indiana is a federal contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 ("VEVRAA"), which requires contractors to take affirmative action to employ and advance in employment:

Military Status

- | | | |
|---|---|---|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Active Reserve | <input type="checkbox"/> I Choose Not to Self-Identify. |
| <input type="checkbox"/> Active | <input type="checkbox"/> Inactive Reserve | |
| <input type="checkbox"/> Inactive | <input type="checkbox"/> Retired | |

Veteran Status

- | | |
|---|---|
| <input type="checkbox"/> Not a Veteran | <input type="checkbox"/> I Identify as One or More of the Following Classifications of Protected Veterans Listed Below. |
| <input type="checkbox"/> I Am Not a Protected Veteran. | |
| <input type="checkbox"/> I Choose Not to Self-Identify. | |

If you identifying yourself as a protected veteran, please make your selection based on the classifications outlined below:

Disabled Veteran defined as (a) veterans of the U.S. military, ground, naval or air service who are entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or (b) persons who were discharged or released from active duty because of a service-connected disability;

Recently Separated Veterans (within thirty-six (36) months) defined as any veterans during the three (3) year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service;

Active Duty Wartime or Campaign Badge Veterans defined as veterans who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense; and

Armed Forces Service Medal Veterans defined as veterans who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.



Protected Veteran Classification

- | | |
|---|--|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Active Duty Wartime Campaign or Badge Veteran |
| <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> Armed Forces Service Medal Veteran |
| <input type="checkbox"/> Recently Separated Veteran (within thirty-six (36) months) | |

As a government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. **This information is being requested on a voluntary basis and will be kept confidential, consistent with applicable law. Refusal to provide the requested information will not subject you to any adverse treatment. If provided, this information will not be used in a manner inconsistent with VEVRAA.**

Voluntary Self-Identification of Disability

Form CC-305

OMB Control Number 1250-0005

Expires 1/31/2020

Why are you being asked to complete this form?

Because we conduct business with the federal government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way. If you already work for us, your answer will not be used against you in any way.

Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five (5) years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to:

- | | | |
|---|---|--|
| • Blindness | • Obsessive compulsive disorder (OCD) | • Schizophrenia |
| • Autism | • Cancer | • Missing limbs or partially missing limbs |
| • Bipolar Disorder | • HIV/AIDS | • Intellectual disability (previously called mental retardation) |
| • Post-traumatic stress disorder (PTSD) | • Multiple sclerosis (MS) | • Epilepsy |
| • Deafness | • Impairments requiring the use of a wheelchair | • Muscular dystrophy |
| • Cerebral Palsy | • Diabetes | |
| • Major depression | | |

Disability Status

- | | |
|---|--|
| <input type="checkbox"/> Yes, I Have a Disability (or Previously Had a Disability). | <input type="checkbox"/> No, I Do Not Have a Disability. |
| | <input type="checkbox"/> I Do Not Wish to Answer. |

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about five (5) minutes to complete.