



Hendricks County

Application For Employment EOE

| | |
|-------------------------------|------------------|
| For Human Resources Use Only: | |
| Position _____ | Department _____ |
| Hire Date _____ | Rate _____ |

| | | |
|---|------------------------------------|------------------------------------|
| Position(s) applied for _____ | | Date _____ |
| Type of employment desired? | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time |
| | | <input type="checkbox"/> Temporary |
| When would you be available to start working? _____ | | |

Name _____ Social Security # _____

Last

First

Middle Initial

Address _____

Street

City

State

Zip Code

Area Code & Telephone Number (____) _____ County of Residence _____

Are you legally eligible to work in this country? Yes No

If you are under 18, can you furnish a work permit? Yes No

Have you ever been employed here before? Yes No

If yes, please give dates and positions _____

Have you ever pled guilty to, or been convicted of a crime? Yes No

If yes, please provide dates and details _____

Answering "yes" to these questions does not constitute an automatic bar to employment; all circumstances will be considered.

If applying for a position that will require the use of a county vehicle, please answer the following:

Do you have a valid driver's license? _____

Driver's License Number _____ Expiration Date _____

Are you currently certified, registered or licensed in any profession in Indiana? Yes No

If yes, please attach a copy of the certification/license with your application.

Educational Background

| School | Name & Location | Years Completed | Course of Study | Degree/Diploma |
|-------------|-----------------|-----------------|-----------------|----------------|
| High School | | | | |
| College | | | | |
| Vocational | | | | |

References

List the names and telephone numbers of three professional references that have worked directly with you, and are not related to you.

| Name and Title | Telephone Number | Number of Years Known | Relationship (co-worker, etc.) |
|----------------|------------------|-----------------------|--------------------------------|
| | | | |
| | | | |
| | | | |

Employment History

Provide the following information of your current and past employers, assignments or volunteer activities, starting with the most recent. If your titles and duties changed substantially in the course of your service in any one organization, indicate such changes as separate employment. Explain any gaps in employment. If you need additional space, please attach a sheet of paper.

| | | | | |
|-------------------------------|---------------|--------------------|-----------------|------------|
| Employer | Telephone () | Title | From (mo/yr) | To (mo/yr) |
| Address | | Reason for Leaving | | |
| Describe the Duties Performed | | | Starting Pay | Ending Pay |
| | | | \$ | \$ |
| Supervisor Name & Title | | Telephone () | May we contact? | per |

| | | | | |
|-------------------------------|---------------|--------------------|-----------------|------------|
| Employer | Telephone () | Title | From (mo/yr) | To (mo/yr) |
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| | | | | |
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| Describe the Duties Performed | | | Starting Pay | Ending Pay |
| | | | \$ | \$ |
| Supervisor Name & Title | | Telephone () | May we contact? | per |

Comments: _____

Relatives Employed by Hendricks County

List all relatives who work for the County. (The employment of a relative is not a qualification for employment and will not result in preference in employment.)

| Name | Relationship | Department/Location |
|------|--------------|---------------------|
| | | |
| | | |
| | | |

Military Service

Branch of Service _____ Dates of Active Duty _____
From _____ To _____

Rank at date of discharge _____ Type of Discharge _____

Dishonorable discharge is not an automatic bar to employment; all circumstances will be considered.

If dishonorable, explain circumstances _____

Terms of the Application for Employment

I certify that the information provided on this application and any accompanying documents is true and complete. I understand and agree that false statements, misrepresentations or significant omissions in this application or during any interview form proper grounds for not hiring me; or if discovered at a later date, for terminating my employment.

I authorize Hendricks County to investigate fully all information in this employment application, and any accompanying documents, and to investigate and compile any other information that bears upon my suitability for employment. I authorize my past and present employers, unless otherwise noted, to furnish Hendricks County with any information required; and I release past and present employers, their officials, officers and agents from any and all liability or damages for compiling and providing this information.

I understand that prior to employment or from time to time during the course of my employment, I may be required, to the extent permitted by law to take a drug or alcohol screen or similar test or examination and a condition of hiring or continued employment. I consent to any such screening and the release of the results to Hendricks County.

Applicant Signature

Date

An Equal Opportunity Employer

This Section for Office Use Only

Please do not write on this page.

Routing:

- | | | | | |
|--|---|---|--|---|
| <input type="checkbox"/> Animal Control | <input type="checkbox"/> Assessor | <input type="checkbox"/> Auditor | <input type="checkbox"/> Child Support | <input type="checkbox"/> Circuit Court |
| <input type="checkbox"/> Circuit Court Probation | <input type="checkbox"/> Clerk | <input type="checkbox"/> Commissioners | <input type="checkbox"/> Computer Center | <input type="checkbox"/> Coroner |
| <input type="checkbox"/> County Home | <input type="checkbox"/> Custodial | <input type="checkbox"/> Emergency Management | <input type="checkbox"/> Engineering | <input type="checkbox"/> Environmental Health |
| <input type="checkbox"/> Health Dept. | <input type="checkbox"/> Healthy Families | <input type="checkbox"/> Highway | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Jail |
| <input type="checkbox"/> Planning & Building | <input type="checkbox"/> Prosecutor | <input type="checkbox"/> Recorder | <input type="checkbox"/> Sheriff | <input type="checkbox"/> Superior Court I |
| <input type="checkbox"/> Superior Court II | <input type="checkbox"/> Superior Court III | <input type="checkbox"/> Superior Ct. Probation | <input type="checkbox"/> Surveyor | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Trustees | <input type="checkbox"/> Voter Registration | <input type="checkbox"/> Weights & Measures | | |