



# 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	per

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	per

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	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     |  |   |