



## 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)
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)
Address		Reason for Leaving		
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     |  |   |

**AFFIRMATIVE ACTION VOLUNTARY INFORMATION**

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, disability, veteran/ reserve/ national guard or any other similarly protected status.

**To be completed by applicant on voluntary basis. Not for interview purposes. To be filed separately from application.**

In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations that may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse employment decision or action. Your cooperation is appreciated.

Please be advised that this survey is **not** part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position (s) applied for \_\_\_\_\_ Date \_\_\_\_\_

**REFERRAL SOURCE**

\_\_\_\_\_ Walk in      \_\_\_\_\_ Government Employee Agency      \_\_\_\_\_ School  
\_\_\_\_\_ Relative      \_\_\_\_\_ Employee      \_\_\_\_\_ Private Employment Agency  
\_\_\_\_\_ Advertisement – Source \_\_\_\_\_      \_\_\_\_\_ Other

Name of person who referred you (If Applicable) \_\_\_\_\_

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**APPLICANT INFORMATION**

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
                    LAST                      FIRST                      MIDDLE  
Address \_\_\_\_\_  
                                    STREET                      CITY                      STATE                      ZIP-CODE

**Please check if any of the following are applicable**

\_\_\_\_\_ Vietnam Era Veteran      \_\_\_\_\_ Disabled Veteran      \_\_\_\_\_ Disabled Individual

**-OVER-**

**GENDER:**

(Please check one of the options below)

Male

Female

**RACE / ETHNICITY:**

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

**Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

**Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

**REVISED 8/8/2007**