

# Hamilton County

## EMPLOYMENT APPLICATION

Equal Opportunity Employer M/F/D/V

The Age Discrimination in Employment Act of 1967 forbids discrimination against Persons over the age of 40.

**YOU MUST ANSWER ALL QUESTIONS TO BE CONSIDERED FOR A POSITION**

Name	Today's Date	Social Security Number
Street Address, City, State & Zip	Phone Number(s)	Job Number
All applicants for employment must be at least 18 and 21 if applying for a Deputy sheriff position. Can you submit proof of age after employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has Bond ever been refused? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please give detail.		
Are you related by blood or marriage to any Hamilton County employee/official? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state name and relationship.		
REFERRED BY:	Are you legally eligible to work in the U.S.? (Verification will be required upon hire) <input type="checkbox"/> Yes <input type="checkbox"/> No	
DRIVERS LICENSE NUMBER (if job applying for requires it):		

### EDUCATION

*Please identify any educational background you believe we should consider in evaluation of your qualifications for the position you seek.*

	Name and Location of School	No. of Years Completed	Graduated? Degree?	Major Subjects
High School				
College				
College				
Graduate School				
Other (Trade, Business or Professional School)				

Describe any Honors or Awards:
Other course work applicable to this type of work:
Extracurricular activities related to the type of position for which you are applying:

### U. S. MILITARY SERVICE

Number of years served	Branch of Service	Rank at Discharge	Duties

Are you a member of the National Guard or Reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inactive <input type="checkbox"/> Active	Do you anticipate any active duty including reserve training in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No
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## PREVIOUS EMPLOYMENT (All Questions Must Be Answered)

Provide employer information for the last 10 years and any other work history you feel is relevant to the position you have applied for. Attach extra sheets if necessary.

<b>(1) Present or last employer</b>		<b>Phone Number</b>
Address	Date Started	Date Left
Immediate Supervisor	Their Title	Your Title
Annual Salary at start	Annual Salary on leaving	Reason for leaving
Your duties:		

<b>(2) Present or last employer</b>		<b>Phone Number</b>
Address	Date Started	Date Left
Immediate Supervisor	Their Title	Your Title
Annual Salary at start	Annual Salary on leaving	Reason for leaving
Your duties:		

<b>(3) Present or last employer</b>		<b>Phone Number</b>
Address	Date Started	Date Left
Immediate Supervisor	Their Title	Your Title
Annual Salary at start	Annual Salary on leaving	Reason for leaving
Your duties:		

<b>(4) Present or last employer</b>		<b>Phone Number</b>
Address	Date Started	Date Left
Immediate Supervisor	Their Title	Your Title
Annual Salary at start	Annual Salary on leaving	Reason for leaving
Your duties:		

## REFERENCES

Give the names of three persons NOT related to you, whom you have known at least one year.

NAME	ADDRESS	DAYTIME PHONE NUMBER

## LICENSES/EQUIPMENT/MACHINES OPERATED

PLEASE IDENTIFY BY TYPE/MODEL	
<b>Typewriter</b> _____	<b>Heavy Equipment:</b> 1. _____ 2. _____ 3. _____
<b>Computer</b> _____	<b>Mechanical/Equipment Repair Experience:</b> 1. _____ 2. _____ 3. _____
<b>Calculator</b> _____	<b>Light Equipment:</b> 1. _____ 2. _____ 3. _____
<b>Typing</b> WPM: _____	<b>Welding Experience:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Drivers License:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>CDL License:</b> Class A <input type="checkbox"/> Class B <input type="checkbox"/>	<b>Other:</b> _____

Date available:	Starting Salary desired	Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? _____	
<b>In case of emergency, notify:</b>			
Name	Address	Phone Number 1	Phone Number 2

## PRE-EMPLOYMENT STATEMENT

I authorize Hamilton County to make any inquiries they desire regarding my education, employment, ability, habits and personal character for the purpose of determining my fitness for employment. I also authorize previous employers or any other persons to whom the county may refer to give any and all information regarding my employment or scholastic record together with any information personal or otherwise and I hereby release such persons and any companies which they represent from all liability or any damages whatsoever in connection with the compliance. I understand that misrepresentation or omission of any fact or circumstance called for in this application in which would affect my application unfavorably or receipt of unsatisfactory references will be sufficient cause for termination without liability. This application is not an employment contract and is not relationship at any time. All employment is at will and the relationship cannot be modified unless in writing.

<b>DATE</b>	<b>APPLICANT'S SIGNATURE</b>
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# Hamilton County

## EEO DATA SHEET

To enable the County to meet federal government reporting regulations, applicants are requested (but not required) to complete this personal data sheet. This information will be used solely for reporting purposes. It will not be used in any manner for screening or selection purposes for the position you have applied for. This information will be kept strictly confidential. Your voluntary cooperation in providing us with this information will be greatly appreciated.

<b>NAME (First)</b>		<b>(Middle Initial)</b>		<b>(Last)</b>	
<b>ADDRESS (Street Address)</b>		<b>(City)</b>		<b>(State) (Zip)</b>	
<b>PHONE NUMBER(S)</b>			<b>DATE OF BIRTH (MM/DD/YYYY)</b>		
<b>JOB NUMBER</b>		<b>DATE APPLIED</b>		<b>GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	

**ETHNIC CATEGORY:**

- American Indian or Alaskan Native. All persons having origin in any of the original peoples of North America.
- Asian or Pacific Islander. All persons having origins in any of the original peoples of Far East, Southeast Asia, or the Pacific Islands. This includes, for example, China, Japan, Korea, the Philippine Islands and Samoa. Also persons from the Indian subcontinent, including peoples with national origins from Bangladesh, Bhutan, India, Nepal, Pakistan, Sukkin and Sri Lanka.
- Black (not Hispanic). All persons having origin in any of the Black racial groups.
- Hispanic. All persons of Mexico, Puerto Rican, Cuban Central or South America or other Spanish cultures, Regardless of race.
- White (not of Hispanic origin). All persons having origin in any of the peoples of Europe and the Middle East.

**OTHER:**

- A Qualified Disabled Veteran. A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more; a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty, and is capable (qualified) of performing a particular job with reasonable accommodation to his/her disability.
- A Vietnam Era Veteran. A person who actively served for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975 and was released with a honorable discharge or released from active duty for a service-connected injury or disability.
- A Qualified Handicapped Individual. A person who has a physical or mental impairment which substantially limits one or more of that person's major life activities, or has a record of such impairment, and is capable (qualified) of performing a particular job with reasonable accommodation to his/her handicap.