HAMILTON COUNTY
APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

Date_____

PERSONAL INFORMATION

Full Name:_____
First Middle Initial Last

Current Address:_____
Number Street City State Zip

E-Mail Address:_____ **Telephone Number:** ( )_____

Social Security Number: _____**(optional)**

Are you 18 years of age or older? Yes ☐ No ☐
Are you legally able to work in the United States? Yes ☐ No ☐

Are you a military veteran? Yes ☐ No ☐
If Yes, Date of Active Duty: _____ to _____

Have you ever been known by any other name(s) that Hamilton County will require to verify any of the information on this application?

_____

EMPLOYMENT DESIRED

Job Title: _____ **Date you can start**:_____ **Wage Desired:**_____

Are you available for work: Full-Time ☐ Part-Time ☐

If any member of your family is currently employed by Hamilton County, give name, relationship and where employed. _____

EDUCATION

Do you have a High School Diploma or GED? Yes ☐ No ☐

Name of last school attended:_____ **City:**_____ **State:**_____

Circle last year of school completed: 6 7 8 9 10 11 12 13 14 15 16 17 18

Circle the highest degree earned: High School Diploma GED AA BD MD PHD Other

Area of Concentration and/or degree(s), certificates, licenses, endorsements: _____

_____

_____

Other Training or Skills (Factory or Office Machines Operated, Special Courses, Computer Skills, etc.):

_____

_____

_____

_____

EMPLOYMENT HISTORY

Former Employment (List employers, starting with the current or most recent. Explain all gaps in time of employment.)

Company Name:____________________ **Job Title:**____________________

Address: ____

Number Street City State Zip

Start Date:____/___/____ **End Date:**____/___/____ **Rate of Pay:** __________

Detailed Job Duties: ____

Reason for Leaving:____

Company Name:____________________ **Job Title:**____________________

Address: ____

Number Street City State Zip

Start Date:____/___/____ **End Date:**____/___/____ **Rate of Pay:** __________

Detailed Job Duties: ____

Reason for Leaving:____

Company Name:____________________ **Job Title:**____________________

Address: ____

Number Street City State Zip

Start Date:____/___/____ **End Date:**____/___/____ **Rate of Pay:** __________

Detailed Job Duties: ____

Reason for Leaving:____

May we contact your former employers to verify this information?
Yes ☐ No ☐

May we contact your present employer? Yes ☐ No ☐

The law prohibits discrimination in hiring due to age, race, color, creed, sex, national origin, religion, disabilitv. or veteran's status.

Please provide any additional information about your abilities or interests that makes you a good candidate for this position:

This position may be subject to a pre-employment physical, background check and drug and alcohol and post-employment physicals and drug-testing consistent with County policies and Department of Transportation rules.

I authorize investigation of all statements contained in the application. I understand that omission or misrepresentation of facts is cause for dismissal.

Signature: ______________________________ **Date:**________________

BACKGROUND RESEARCH RELEASE

Please read this section carefully and acknowledge your understanding by signing your name in the space below.

I certify that all the statements made by me on this application for employment are true, correct, and complete to the best of my knowledge.

1. Consent to Conduct Background Investigation
As a condition of and in consideration for Hamilton County's consideration of this application, I give permission to Hamilton County to investigate my personal and employment history. I understand that this background investigation will include, but not be limited to, verification of all information on this application, as well as interviews with past employers. I further give permission to Hamilton County to conduct this investigation and to discuss the results of this investigation in connection with my application for employment.

2. Consent to Contact Past Employers
I give permission to Hamilton County to contact all employers listed in this application (except those specifically excluded) for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with Hamilton County, consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of Hamilton County. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release.

3. Consent to Contact Government Agencies
I give permission to any agent, attorney, or representative of Hamilton County to receive a copy of any information obtained in the file of any federal, state, or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I understand that the scope of this investigation will be limited to criminal and/or civil records that relate to my honesty, integrity, and/or abilities.

4. Cooperation With Investigation
I agree to fully cooperate in Hamilton County's background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information. In the event that any former employer or federal, state or local government agency will not release reference information or criminal history information directly to the employer, I agree to personally request such information to the extent permitted by law.

5. Falsification Statement
I understand that any falsification or willful omission of fact made in this application or in connection with any background investigation may result in rejection of this application, or, if discovered after an offer of employment, in immediate dismissal.

6. Employment "At Will"
In consideration of my employment, I agree to conform to the rules and regulations of Hamilton County, and ***MY EMPL0YMENT AND COMPENSATION IS "AT WILL" IN THAT THEY CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER HAMILTON COUNTY OR MYSELF.***

Applicant's Signature: _____

_____
Company Representative/Job Title

_____
Date: