

# HAMILTON COUNTY APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire)

(An Equal Opportunity Employer)

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**PERSONAL INFORMATION**

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SEC. # \_\_\_\_\_  
Last First Middle

PRESENT ADDRESS \_\_\_\_\_  
Street City State Zip Code

PERMANENT ADDRESS \_\_\_\_\_  
Street City State Zip Code

EMAIL ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER? YES \_\_\_ NO \_\_\_

FAX NO. \_\_\_\_\_

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES?  
YES \_\_\_ NO \_\_\_

ARE YOU A VETERAN? YES \_\_\_ NO \_\_\_

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**EMPLOYMENT DESIRED**

Position \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary desired \_\_\_\_\_  
Are you employed now? \_\_\_\_\_ If so, may we contact your present employer? \_\_\_\_\_

Have you previously applied to Hamilton County? \_\_\_\_\_ Which office? \_\_\_\_\_ When? \_\_\_\_\_

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

If the job requires working weekends and nights, would you be willing to accept it? Yes \_\_\_ No \_\_\_

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**EDUCATION**

	Name & Location of School	No. of Years Attended	Did you Graduate?	Subjects Studied
High School				
College				
Trade, Business Correspondence School				

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

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**GENERAL**

Subjects of special study or research work \_\_\_\_\_

U.S. Military or Naval Service \_\_\_\_\_ Rank \_\_\_\_\_

Present Membership in National Guard or Reserves \_\_\_\_\_

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**EMPLOYMENT HISTORY**

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				

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

Name	Address	Business	No. of Years Acquainted
1.			
2.			
3.			

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**PHYSICAL RECORD**

Hamilton County has a policy of non-discrimination on the basis of disability as provided by the Americans with Disabilities Act of 1990.

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"I certify that the facts contained in this application are true and complete to the best of my knowledge.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you."

Date \_\_\_\_\_ Signature \_\_\_\_\_

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## **BACKGROUND RESEARCH RELEASE**

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

I certify that all of 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 EMPLOYMENT 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: