

HAMILTON COUNTY APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire

An Equal Opportunity Employer

REVISED 11-24-19

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DATE _____

PERSONAL INFORMATION

NAME _____ SOCIAL SEC. # _____
Last First Middle (Optional)

PRESENT ADDRESS _____
Street City State Zip Code

PERMANENT ADDRESS _____
Street City State Zip Code

If you reside outside of Hamilton County, are you willing to relocate within the County? YES _____ NO _____

EMAIL ADDRESS _____

PHONE NO. _____ FAX NO. _____

ARE YOU AT LEAST 18 YEARS OF AGE? YES _____ NO _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? YES _____ NO _____

ARE YOU A VETERAN? YES _____ NO _____

U.S. Military or Naval Service _____ **Rank** _____

Present Membership in National Guard or Reserves _____

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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? _____

If the job requires working weekends and nights, would you be willing to accept it? _____ YES _____ NO

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EMPLOYMENT HISTORY (List below last three employers, starting with last one first.)

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

Have you previously been employed by Hamilton County? YES ____ NO ____

If "YES", when and which department(s)? _____

Other relevant employment experience? _____

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EDUCATION

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

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GENERAL

Subjects of special study or research work _____

Have you been convicted of a felony or misdemeanor within the last 5 years? ** YES ___ NO ___

** You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

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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

I understand and agree that I will be required to have a physical examination if offered position:

YES ___ NO _____

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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PLEASE READ CAREFULLY BEFORE SIGNING:

All applicants for employment are required to submit to a drug and alcohol test after a conditional offer of employment has been made. The results of the drug and alcohol tests will be provided to the County. If you are currently using illegal drugs or controlled substances, you are not eligible for employment. If you use illegal drugs or controlled substances after you have been employed, you will be subject to disciplinary action or dismissal. This policy does not apply to the use of medications which have been prescribed for an individual by a licensed medical practitioner and which are used strictly in accordance with the prescription.

"I certify that the statements made by me on this application and all related information which I have provided are true, accurate, and complete to the best of my knowledge. I understand that if I provide any false, inaccurate, or incomplete information, I will not be eligible for employment, or, if I am hired, regardless of the date on which the County discovers the violation of its policy regarding application form dishonesty."

“In connection with my application for employment with the County, I expressly authorize the release to the County of any records or information which may refer or relate to my application for employment, including, but not limited to, records of schools, law enforcement or criminal justice agencies, and previous employers. I hereby release and discharge the County and any other person, firm, agency or corporation from any and all claims and liability which I may have or ever claim to have relating to information provided to the County as part of my application for employment.”

If I am offered and accept employment with the County, I understand that my employment is At Will and that my employment may be terminated at any time and for any reason either by me or by the County.

Applications will be kept on file in the for one year.

Date _____ Signature _____

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: