



HARDIN COUNTY GOVERNMENT EMPLOYMENT APPLICATION

Updated January 2018

An Equal Opportunity Employer

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Date: _____

Position Applied for _____ Full Time Part-Time Seasonal Temporary

Date you can begin work _____ Are you available for any shift? Yes No

Are you available for on call duty? Yes No Are you available to work overtime? Yes No

Please list any hours or days you cannot work _____

A resume may be attached to this application to provide additional information, but may not be substituted for a completed and signed application form.

PERSONAL INFORMATION

Name _____

Address _____ City, State, Zip Code _____

Phone Number (day) _____ (evening) _____ (cell) _____ email _____

How long at present address? _____ Previous address? _____

Are you over 18 years of age? Yes No Are you over 21 years of age? Yes No

Are you lawfully eligible to be employed in this country? Yes No
(Proof of citizenship or immigration status will be required upon employment)

Are you a current participant or retired from any of the Kentucky Retirement Systems? Yes No
If yes, what system and when? _____

Are you on lay-off status and subject to recall? Yes No

Do you have any relatives working for Hardin County Government? Yes No
If yes, whom? _____

Have you ever worked for Hardin County Government? Yes No
If yes, when? _____ What department? _____

Your name when employed by Hardin County Government, if applicable _____

Do you have a valid driver's license? Yes No Issuing State _____
Do you have a Commercial Driver's license? Yes No License ID# _____
Expiration Date _____ List endorsements (if any) _____, _____

Have you ever been convicted of a Felony? Yes No Convicted of a Misdemeanor? Yes No

If yes, please explain _____

We are a drug free environment. You will be required to have a drug test administered prior to employment

MILITARY SERVICE RECORDS

Branch of Military _____
Rank at Discharge _____
(Please supply a copy of your DD Form 214)

Period of Service (dates) _____
Type of Discharge _____

Duties and special training completed: _____

EMPLOYMENT HISTORY

List all experience in order starting with your present or more recent position and working backwards. Attach additional sheet(s), as needed.

		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part-Time
Present or Last Employer _____	Dates of Employment: From : _____ To: _____		
Address _____	City, State, Zip Code _____		
Telephone _____	Supervisor's Name _____		
Job Title _____	Reason for leaving _____		
Description of Duties: _____ _____			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part-Time
Present or Last Employer _____	Dates of Employment: From : _____ To: _____		
Address _____	City, State, Zip Code _____		
Telephone _____	Supervisor's Name _____		
Job Title _____	Reason for leaving _____		
Description of Duties: _____ _____			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part-Time
Present or Last Employer _____	Dates of Employment: From : _____ To: _____		
Address _____	City, State, Zip Code _____		
Telephone _____	Supervisor's Name _____		
Job Title _____	Reason for leaving _____		
Description of Duties: _____ _____			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Full Time Part-Time

Present or Last Employer _____ Dates of Employment: From : _____ To: _____

Address _____ City, State, Zip Code _____

Telephone _____ Supervisor's Name _____

Job Title _____ Reason for leaving _____

Description of Duties: _____

May we contact this employer? Yes No

EDUCATION

Name	Address	Dates attended	Area of study and degree
High School			
College			
Other (i.e., military, vocational, technical, etc.)			

Please list your professional memberships, certificates, designations, licenses, honors, awards, fellowships, etc.

1. _____ 2. _____

3. _____ 4. _____

REFERENCES

Give names of three persons other than relatives or previous employers for references.

Name	Business, Trade or Profession	Address	Phone
1. _____			
2. _____			
3. _____			

ADDITIONAL INFORMATION:

Did you complete this application yourself? Yes No

If not, who did? _____

Hardin County Government
Applicant's Statement

I certify the above information I have supplied in and with this employment application is correct and complete to the best of my knowledge.

I agree to submit to and satisfactorily pass, when required by laws and policies, a post-offer, pre-employment drug and alcohol screen by a qualified party of the County's choosing, to submit to a post-offer physical examination by a physician of the County's choosing, and to submit to reexamination when required.

I understand if I am accepted for employment, this application does not constitute an employment contract, expressed or implied. I understand and agree if I am hired, my employment with Hardin County is on an "at-will" basis. Further, this means, if I am hired, the Hardin County Fiscal Court, the Judge/Executive, or I can end the employment relationship at any time, for any reason, or for no reason.

I hereby acknowledge additional drug and alcohol screening may be required for continued employment, and I consent to the same. I hereby agree to abide by all rules and regulations of the County.

I authorize persons, schools, current employer, previous employers, and organizations named in this application (and accompanying resume, if any) to provide the Hardin County Fiscal Court with any relevant information which may be required to arrive at an employment decision. I authorize the County to investigate my driving record, criminal history, credit history, and any other pertinent information as is necessary to arrive at an employment decision, in accordance with applicable County policy, procedure, and law. I agree to cooperate in such investigations, and release those parties supplying such information to the County from all liability or responsibility with respect to information supplied.

I agree to abide by the policies, procedures, and directives of the County. I acknowledge such policies and directives may be changed, interpreted, withdrawn, or added to by the County at any time, at the County's sole option, without any prior notice to me.

I understand that any false answers or statements made by me on this application, statement, or any supplement thereto, or in connection with the above mentioned investigations, may result in discontinuation of consideration for employment, or discharge, if I am employed.

Applicant's Signature

Date