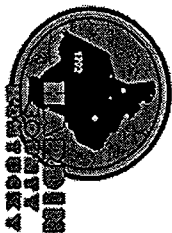


HARDIN COUNTY FISCAL COURT EMPLOYMENT APPLICATION

Signed Release of Information _____



NOTES
Hardin County Kentucky is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law.
A resume may be attached to this application to provide additional information, but may not be substituted for a completed and signed application form.

DATE _____

Applicant Complete Both Sides - Please Print

NAME (Last)	(First)	(Middle)	Social Security Number	Valid KY Operators License#	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
PRESENT ADDRESS	(Number & Street)		Phone number(s) where you can be reached:	If not 18 years or older, give date of birth:	Do you have the legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
(City)	(State)	(Zip)			
How long at present address			Relationship:		
Notify in case of emergency:			Address		
Position desired including Department or Job Title			If there are any hours or days of the week you cannot work, please note those here:		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary Are you available to work on call duty? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you available to work any shift? <input type="checkbox"/> Yes <input type="checkbox"/> No					
EDUCATION:		Circle Highest Grade Completed		U.S. Military Service <input type="checkbox"/> Yes <input type="checkbox"/> No	
NOTICE HIGH SCHOOL, G.E.D., COLLEGE AND/OR VOCATIONAL SCHOOL. DIPLOMA WILL BE REQUIRED DURING INTERVIEW PROCESS		High School - 1 2 3 4 College - 1 2 3 4 5 6 Degree (If Any) _____		Honorable Discharge <input type="checkbox"/> Yes <input type="checkbox"/> No Branch _____ Field of Service _____	
List of Certifications and Training: Paramedic/EMT, CPR, CDL License, Water/Wastewater Operator, etc.)					
Do any of your relatives work for the county? If so, please list Name(s):			<input type="checkbox"/> YES <input type="checkbox"/> NO Have you had previous employment with the county? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when? _____		
Have you EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, STATE DATE _____ PLACE _____			AND OFFENSE _____		
DO YOU OBJECT TO HAVING POLICE RECORDS CHECKED TO CONFIRM THIS INFORMATION? <input type="checkbox"/> Yes <input type="checkbox"/> No					

HARDIN COUNTY KENTUCKY IS AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY

Present or Last job:			
Name & Address of employer:			Kind of Business
Phone Number:			
Dates Employed From To	Job Held	Name of Last Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Give a Brief Description of Duties Performed: _____ _____			
Reason For Leaving:			

Second Last job:			
Name & Address of employer:			Kind of Business
Phone Number:			
Dates Employed From To	Job Held	Name of Last Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Give a Brief Description of Duties Performed: _____ _____			
Reason For Leaving:			

GIVE THE NAME OF TWO REFERENCES, DO NOT INCLUDE RELATIVES OR PREVIOUS EMPLOYERS

Name	Relationship	Address	Phone Number

ACKNOWLEDGEMENTS

I UNDERSTAND AND AGREE THAT MY EMPLOYMENT WITH HARDIN COUNTY IS ON AN "AT-WILL" BASIS. THIS MEANS THAT, IF HIRED, EITHER THE HARDIN COUNTY FISCAL COURT, THE JUDGE/EXECUTIVE, OR I CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

I HEREBY AGREE, AS A CONDITION OF MY EMPLOYMENT, TO WEAR PERSONAL SAFETY PROTECTION AND USE ANY SAFETY EQUIPMENT AS REQUIRED BY THE COUNTY IN THE PERFORMANCE OF MY JOB AND ABIDE BY ALL SAFETY RULES. I HEREBY ACKNOWLEDGE THAT PRE-EMPLOYMENT DRUG TESTING IS REQUIRED AND THAT ADDITIONAL DRUG TESTING 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 CERTIFY, AS A CONDITION OF MY EMPLOYMENT, THAT ALL INFORMATION GIVEN ON THIS APPLICATION IS CORRECT AND AUTHORIZE THEIR INVESTIGATION. I UNDERSTAND THAT IF I HAVE FURNISHED FALSE INFORMATION OR OMITTED PERTINENT INFORMATION RELATING TO EMPLOYMENT, I MAY BE DISCHARGED. I HEREBY AUTHORIZE THE ADDRESSED INDIVIDUAL, COMPANY OR INSTITUTION, TO FURNISH ANY INFORMATION THEY MAY HAVE CONCERNING ME WHICH THEY HAVE ON RECORD OR OTHERWISE, AND DO HEREBY RELEASE THE ADDRESSED INDIVIDUAL COMPANY OR INSTITUTION AND ALL INDIVIDUALS CONNECTED THEREWITH, FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER INCURRED IN FURNISHING SUCH INFORMATION.

Signed _____

Date: _____