

AT-WILL EMPLOYMENT APPLICATION

Hamilton County 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.

**HAMILTON COUNTY IS AN AT-WILL EMPLOYER,
MEANING THAT EITHER THE EMPLOYER OR
EMPLOYEE CAN END THE EMPLOYMENT RELATIONSHIP
AT ANY TIME AND FOR ANY OR NO REASON.**

Position Applied For: _____ Date of Application: _____

Date You Can Start: _____ *Please note that this application will only remain active for six months, after which the applicant will need to reapply.*

Name: _____ Social Security #: _____
Last First Middle

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Telephone #: Home() _____ Work() _____

Are you 18 years or older? Yes No

Are there any hours or days of the week you cannot work? Yes No

If so, when? _____

Salary Desired _____

Type of Employment: Full-time Part-time

Are you employed now? Yes No

May we contact your present employer? Yes No

Did you ever apply to Hamilton County before? Yes No

Where?

Under what name? _____ When? _____

EDUCATION:

	NAME & ADDRESS OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT/ MAJOR
Elementary School				
High School				
College				
Specialized Training				

Are you lawfully entitled to be employed in the United States?

Yes

No

Have you ever been convicted of a crime except a minor traffic violation?

Yes

No

{This question pertains only to convictions that have not been sealed or expunged.}

(Conviction will not necessarily preclude employment.)

If so, please state citation, date and place where offense occurred:

Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application:

REFERENCES: list three individuals not related to you, whom you have known for at least one year.

NAME	ADDRESS & TELEPHONE	RELATIONSHIP	YEARS ACQUAINTED

Emergency Contact

Name/Street/City/State/Telephone

CURRENT AND FORMER EMPLOYERS: (most recent one first)

DATE MONTH/YEAR	NAME, ADDRESS & TELEPHONE NO. OF EMPLOYER	SALARY: STARTING/ ENDING	LAST POSITION HELD/ RESPONSIBILITIES	REASON FOR LEAVING
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				

Please read the following statement carefully before signing to indicate your understanding:

I understand that if I receive a conditional job offer, and prior to beginning employment, I may request to undergo a pr-employment medical examination and/or drug and alcohol testing. In the event that I have a disability that will affect my ability to take the test, I will so inform Hamilton County prior to the administration of the test so that a reasonable accommodation can be made. Hamilton County reserves the right to require medical documentation regarding the need for accommadation.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application may result in a refusal to hire or, if I am hired, discipline up to and including termination.

I understand and agree that, if hired, my employment is AT-WILL. THIS MEANS THAT, IF I AM HIRED, EITHER HAMILTON COUNTY OR I CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT NOTICE, AND FOR ANY OR NO REASON.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you, including but not limited to any defamation claims I may now have or will have against them.

Date

Signature

HAMILTON COUNTY IS AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER