

**HENRY COUNTY  
APPLICATION FOR EMPLOYMENT  
(Pre-Employment Questionnaire) (An Equal Opportunity Employer)**

**This application for Employment will be void after ninety (90) days. If you want to be considered after that time, you must complete a new Application for Employment.**

**You must fully and accurately complete this application for employment. Incomplete applications will not be considered.**

PERSONAL INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_  
last first middle SS# \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip code

Phone Number \_\_\_\_\_ Referred by: \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No If you are under 18 years of age, can you provide required proof of your eligibility to work?  
\_\_\_\_ Yes \_\_\_\_ No If you are hired, can you supply the required documentation to verify your lawful right to work in the United States?

EMPLOYMENT DESIRED

Position \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary Desired \_\_\_\_\_  
Circle one: Full-time, Part-time, Temporary, Educational Coop-student  
Are you employed now? \_\_\_\_\_ If so, may we inquire your present employer? \_\_\_\_\_  
Ever applied to this County before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

| EDUCATION                                 | NAME OF SCHOOL | NO. OF YEARS ATTENDED | DID YOU GRADUATE | SUBJECTS STUDIED |
|---|----------------|-----------------------|------------------|------------------|
| High School                               |                |                       |                  |                  |
| College                                   |                |                       |                  |                  |
| Trade, Business, or Correspondence School |                |                       |                  |                  |

(Continued on other side)

**FORMER EMPLOYERS** (Most recent Employer first)

| Date<br>Month and Year<br>From | Name, Address and<br>Phone # of Employer | Salary | Position | Reason<br>For Leaving |
|--------------------------------|--|--------|----------|-----------------------|
| To<br>From                     |  |        |          |                       |
| To<br>From                     |  |        |          |                       |
| To<br>From                     |  |        |          |                       |
| To                             |  |        |          |                       |

Which former employers can we contact for a reference regarding your job performance? \_\_\_\_\_

**REFERENCES:** Give the names of three persons not related to you whom you've known at least one year.

| Name     | Address/Phone No. | Occupation | Years Acquainted |
|----------|-------------------|------------|------------------|
| 1. _____ |                   |            |                  |
| 2. _____ |                   |            |                  |
| 3. _____ |                   |            |                  |

**In case of Emergency notify:** \_\_\_\_\_  
Name Address Phone No.

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 shall be grounds for dismissal. 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.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the County is intended to create an employment contract with the County and myself and does not bind either party for any specific period regarding employment. I understand that if I am hired, my employment will be conditional for up to three months pending the results of a Criminal Background Check.

As a condition of employment consideration, I understand and agree to submit to a drug and/or alcohol test. If the test results are positive, it is understood that I shall not be considered further for employment

If employed, I will be required to provide original documents that verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

**In consideration of my employment, I agree to comply with all rules, regulations and employment policies of the employer. I hereby acknowledge that I have read and agree to the above statements.**

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

**DO NOT WRITE BELOW THIS LINE**

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Hired \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Position \_\_\_\_\_ Dept. \_\_\_\_\_

Salary/Wage \_\_\_\_\_ Date Reporting to Work \_\_\_\_\_

Approved: \_\_\_\_\_ Department Head