

HUTCHINSON COUNTY

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever applied to this company before? YES ☐ NO ☐ If yes, when? _____

Education

High School: _____ Address: _____

Did you graduate? YES ☐ NO ☐

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Current & Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Disclaimer and Signature

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 and employers 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 the company from all liabilities for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for the employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment.

I compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Signature: _____ Date: _____

HUTCHINSON COUNTY SHERIFF'S OFFICE

Jerry Langwell, Sheriff

Authority to Release Information

Name: _____ Date of Birth: _____

Sex: _____ Race: _____ DL State and Number: _____

Social Security Number: _____

I, _____, do hereby authorize a review and full disclosure of all records concerning myself, to any authorized agent of the Hutchinson County Sheriff's Office, whether the said records are of public or confidential in nature.

The emphasize and intent of this authorization is to provide full and free access to the background and history of my personal life. This information is to be used as background information which may provide pertinent data for the Hutchinson County Sheriff's Office (HCSO) to consider in determining my suitability for employment. I further understand this information can come from educational institutions, financial and/or credit institutions, medical and/or mental records, previous employers(s), (to include efficiency ratings, complaints or grievances filed by or against me), Credit reports and Court records of criminal charges and traffic violations.

I agree to indemnify and hold harmless the company, institutions, government agency and/or individual to whom this request is presented and their agents or employers, from and against all claims, damages, losses and expenses, including attorney's fees arising out of or by reason of complying with this request. I further understand that in the event my application for employment with HCSO is disapproved, the sources of confidential information WILL NOT be released to me.

A photocopy of this release will be valid as an original hereof, even though the said photocopy does not contain and original writing of my signature.

Signature: _____ Date: _____

Subscribed and sworn before me this _____ day of _____ 20____

Notary Public