

## **Henry County Sheriff's Office Application for Employment**



## WE ARE A EQUAL OPPORTUNITY EMPLOYER

We Consider applications for all positions without the regard to race, color, religion, creed, gender

national origin, age, disab		arital status or veteran sta protected status.	atus, sex			
		(PLEASE PRINT)				
	Pos	sition(s) Applied for:			Date of Application	
		How did you learn about	us?			
Advertisement Friend Walk-In						
Employment Agency Relative Other:						
Last Name		First Name		Middle Name		
Address		City		State	Zip Code	
Telephone Number	Ç	Social Security Number		Date of Birth	Age	
If you are under 18 years of age, o		If Yes, give date			Yes No	
Have you ever filed an application with us before?  Have you ever been employed with us before?  Yes No  Yes No						
Are you currently employed?						
May we contact you current employer?						
Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status? (proof of citizenship or immigration status will be required upon employment)  Yes No						
May we contact you current employer?					Yes No	
On what date could you start work						
Are you available to work any of th	e follow	ing? Full Time	Part Ti	ime Shift Work	Temporary	
Can you travel if and a job requires it?						
Have you ever been convicted of a (Convictions will not necessarily disqualify	Have you ever been convicted of a felony in the past 7 years?  Convictions will not necessarily disqualify an applicant from employment)  Yes  No					
If yes explain:						

Name of School Address (City, State) Course of study Years completed Diploma/Degree    Address (City, State)   Course of study   Years completed   Diploma/Degree			C du a a ti a s			
Indicate any foreign languages you can speak, read or write  Speak Read Write Fluent Good Fair  Describe any specialized training, apprenticeship, skills and extra-curricular activities.					T	I
Speak Read Write Fluent Good Fair  Describe any specialized training, apprenticeship, skills and extra-curricular activities.	Name of School	ol Address (City, State)		Course of study	Years completed	Diploma/Degree
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Read Write Fluent Good Fair  Describe any specialized training, apprenticeship, skills and extra-curricular activities.		Indicate any foreign lang	uages you	can speak, read or	r write	
Write  Fluent  Good  Fair  Describe any specialized training, apprenticeship, skills and extra-curricular activities.	Speak					
Describe any specialized training, apprenticeship, skills and extra-curricular activities.	Read					
Describe any specialized training, apprenticeship, skills and extra-curricular activities.	Write					
		Fluent		Good	F	air
	Describe	any specialized training an	nrenticeshi	n skills and extra-c	curricular activitie	98
Describe any specialized training or job-related training received in the United States Military	Describe	zarry specialized training, app	promiocom	p, okino aria extra e	difficular activities	
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	Describe an	y specialized training or job-r	elated trair	ning received in the	United States M	lilitary

## **Employment Experience**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, render, national origin, disabilities or other protected status.

	_	_	
Employer		Dates Employed	Work Performed
Address		─ <b>│</b>	
		Hourly Rate/Salary	
Job Title			
Supervisor	Reason for leaving		
Employer		Dates Employed	Work Performed
Address		<del></del>	
		Hourly Rate/Salary	
Job Title			
Supervisor	Reason for leaving		
Employer		Dates Employed	Work Performed
Address		<del></del>	
		Hourly Rate/Salary	
Job Title		<u> </u>	
Supervisor	Reason for leaving		
Employer		Dates Employed	Work Performed
Address		<del></del>	
		Hourly Rate/Salary	
Job Title		<u> </u>	
Supervisor	Reason for leaving		
	If you need additional appear along a		

If you need additional space, please continue on a separate sheet of paper.

Professional, trade, business or civic activities and offices held.				

Additional Information						
Other Qualifications (Summarize special job-related skills and qualifications acquired from employment or other experience.)						
Specialized Skills Che	eck Skills/Equipment Operated					
CRT Fax  PC Lotus 1-2-3  Calculator PBX System  Typewriter WordPerfect	Production/Mobile Machinery (List)	Other (List)				
State any additional information you feel may be helpful to us in considering your application						
Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING FOR.  Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.						
R	eferences					
Name	Phone Number					
Address	•					
Name	Phone Number					
Address						
Name	Phone Number					
Address	•					
Name	Phone Number					
Address	<b>'</b>					

Applicant's Statement					
I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.					
This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.					
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.					
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.					
Signature of Applicant Date					
FOR PERSONNEL DEPARTMENT USE ONLY					
FOR PERSONNEL DEPARTMENT USE ONLY					
Arranged interview Yes No					
Arranged interview Yes No					
Arranged interview Yes No					
Arranged interview Yes No  Remarks:					
Arranged interview Yes No  Remarks:  Employed: Yes No Date of Employment:  Job Title: Hourly Rate/Salary: Department::					
Arranged interview Yes No  Remarks:  Employed: Yes No Date of Employment:					
Arranged interview Yes No  Remarks:  Employed: Yes No Date of Employment:  Job Title: Department::  By:					
Arranged interview         Yes         No           Remarks:					
Arranged interview         Yes         No           Remarks:					
Arranged interview         Yes         No           Remarks:					

FOR F	PERSONN	IEL DEPAF	RTMENT U	ISE ONLY	NAME:
Position(s) applied for is open:	Yes	No			
Position(s) considered for:					_
-			Date		-
		Notes	Date	·. ———	
		Notes			
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					POSITION:
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