

Howard County Work Release

APPLICATION FOR EMPLOYMENT

TO APPLICANT: Howard County Work Release is an equal opportunity employer. Please furnish complete and accurate information. It is important for you to answer all questions. Any question that does not apply must be answered with N/A or **none**. Incomplete applications will not be considered.

A resume detailing your professional, educational, and social activities is recommended for submission as part of this application. If there are any other experiences, skills, or qualifications, which you feel would enhance your application; you may attach an additional sheet of paper with the information.

It is the policy of this Agency to consider all applicants for employment based on their qualifications. This Agency fully complies with all applicable laws, which prohibit discrimination on the basis of race, color, religion, sex, national origin, age, political affiliation, military, or disability status. No question within this application is intended to secure information to be used for unlawful discrimination.

You may be required to pass a drug screen test as part of this application process. The safety of our current and future employees is paramount. This Agency intends for the workplace to be a drug-free environment.

Applications remain active for a period of one (1) year from the date they are filed. After one (1) year, the applications are retired to an inactive file and will remain in that status for the period of time required by law. If you have not received employment within one (1) year and you wish to be considered for future employment positions when they become available, you must resubmit a new application. The applicant is responsible for notifying this office of any changes to the address or telephone number.

We are pleased that you have taken the time to apply for employment with this Agency. The Howard County Work Release offers to the individual challenging and self-rewarding work opportunities.

DISCLAIMER

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
 2. It is my understanding that HCWR will make a thorough investigation of my entire work history and may verify all data given by my application for employment, related papers, or oral interviews. I authorize such investigation and in giving and receiving of any information requested by HCWR and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent me from being hired, or if hired, may subject me to immediate dismissal.
 3. I agree that my employment may be terminated by this department at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by the management at any time, I agree to submit to a search of my person or of any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination.
 4. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these conditions of my continuing employment.
- IMPORTANT**
5. I further understand that this is an application for employment and that no employment contract is being offered.
 6. I understand that if I am employed, such employment is for (no definite period of time) and that the HCWR can change wages, benefits and conditions at any time.
 7. I agree to submit to a truth verification examination upon request.

DATE: _____ SIGNATURE _____

PRINT NAME

HOWARD COUNTY WORK RELEASE

* MINIMUM QUALIFICATION-REQUIREMENTS *

1. AN APPLICANT MUST HAVE REACHED HIS OR HER TWENTY-FIRST (21) BIRTHDAY.
2. APPLICANT SHALL BE A HIGH SCHOOL GRADUATE AS EVIDENCED BY A DIPLOMA ISSUED BY A HIGH SCHOOL ACCREDITED BY THE DEPARTMENT OR AGENCY OF A STATE AUTHORIZED TO ACCREDIT HIGH SCHOOLS. AN EQUIVALENCY DIPLOMA (G.E.D.) ISSUED BY SUCH AN ACCREDITED HIGH SCHOOL IS ACCEPTABLE
3. THE APPLICANT SHALL POSSESS A VALID DRIVING LICENSE FROM THE STATE OF RESIDENCE.
4. A DISHONORABLE DISCHARGE FROM THE MILITARY SERVICE SHALL DISQUALIFY THE APPLICANT.
5. APPLICANTS RECEIVING COMPENSATION OR PENSION BENEFITS FROM THE MILITARY SERVICE CONNECTED DISABILITIES DOES NOT DISQUALIFY THE APPLICANT FOR THE PARTICULAR JOB APPLIED FOR.
6. APPLICANTS SHALL NOT HAVE BEEN CONVICTED OF A FELONY PURSUANT TO THE ATTACHED "POLICE STATEMENT ON THE EMPLOYMENT OF EX-OFFENDERS".
7. APPLICANT MUST BE ABLE TO PASS A WRITTEN APTITUDE TEST, A THOROUGH BACKGROUND INVESTIGATION. AND A FINAL ORAL INTERVIEW-
8. WRITTEN APTITUDE TESTING WILL BE CONDUCTED PERIODICALLY AS A NEED ARISES.
9. APPLICATIONS ARE KEPT ACTIVE FOR A PERIOD OF ONE (1) YEAR. AN APPLICANT MAY CONTACT OUR PERSONNEL OFFICE TO EXTEND HIS OR HER APPLICATION "ACTIVE STATUS" FOR AN ADDITIONAL YEAR IF SO DESIRED.
10. ALL APPLICANTS ARE REQUIRED TO ASSIST AND COOPERATE WITH HOWARD COUNTY WORK RELEASE IN OBTAINING PAST EMPLOYMENT RECORDS, MEDICAL RECORDS, OR PERSONAL HISTORY INFORMATION.

INSTRUCTIONS

1. READ EACH ITEM CAREFULLY.
2. THIS FORM MUST BE TYPED OR PRINTED NEATLY IN INK.
3. ALL ITEMS MUST BE COMPLETED AND NECESSARY DOCUMENTATION INCLUDED.
4. IF ADDITIONAL SPACE IS NEEDED, USE THE SUPPLEMENTAL PAGE AT THE END OF THE FORM REFERENCING EACH ITEM.
5. THE COMPLETED FORM MUST BE RETURNED TO HOWARD COUNTY WORK RELEASE, AS INSTRUCTED.

POLICY REGARDING THE APPLICANT INFORMATION SUMMARY

1. FAILURE TO COMPLY WITH INSTRUCTIONS AND POLICY REGARDING THIS PHASE OF THE APPLICANT SCREENING PROCESS WILL RESULT IN THE REJECTION OF THE APPLICANT.
2. FAILURE TO ACCURATELY AND TRUTHFULLY COMPLETE THIS FORM WILL RESULT IN THE REJECTION OF THE APPLICATION.
3. APPLICANTS WHO ARE REJECTED DURING THIS PHASE OF THE APPLICANT SCREENING PROCESS MAY NOT REAPPLY FOR A PERIOD OF ONE (1) YEAR FROM THE DATE OF REJECTION.
4. APPLICATIONS WILL NOT BE ACCEPTED WITHOUT COMPLETE ADDRESSES, TELEPHONE NUMBER AND ZIP CODES. IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, PLEASE CONTACT THE HOWARD WORK RELEASE OFFICE AT (756) 456-2946.

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

All statements made by the applicants of employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without regard to race, color, religion, age, martial or veteran's status, sex, national origin, disability, or any other legally protected status.

PERSONAL INFORMATION

Name _____ Home phone _____

Present Address _____ Cell phone. _____

Email _____

Social Security Number _____ / _____ / _____ Are age 21 or over? Yes _____ No _____

Do you have the legal right to work in the United States? Yes _____ No _____

If not, why? _____

Position(s) applied for _____

How soon could you report to work? _____

Type of employment: _____ Full time _____ Part time _____ Temporary _____

What days and hours if part time? Days _____ Hours _____

EDUCATION

Type of school	Name and Address of School	Graduate Y or N	Degrees
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Elementary	5 6 7 8		
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High School	9 10 11 12		
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College	1 2 3 4		
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Have you applied for a job with us before? _____ Yes _____ No

Have you ever worked for us before? _____ Yes _____ No

Have you ever been bonded? _____ Yes _____ No

Have you ever been refused a bond? _____ Yes _____ No

If so, state reason and date. _____

Have you ever served in the U.S. Armed Forces? _____ Yes _____ No

If yes, branch? _____ Date Entered _____ Date Discharged _____

Have you ever been convicted of a felony that has not been expunged or sealed?
Yes _____ No _____ If yes, please explain:

Do you have an arrest record that has not been expunged or sealed? Yes _____
No _____ If yes, please explain:

Are you currently required to register as a sex offender in this or any other jurisdiction?
Yes _____ No _____ If yes, please explain (including jurisdiction of registry):

Are you employed now? _____ Yes _____ No

If so, why do you desire to make a change?

Have you ever held a position of trust (handling money or confidential) material? ____ Yes ____ No

EMPLOYMENT HISTORY

Beginning with your PRESENT or most recent employer, list your last 10 years of employment. Describe in detail your specific duties beginning with your primary duties. (Attach additional sheets if necessary). Explain all gaps in employment.

Employer _____ Address _____

Job Title _____ Supervisor's Name and Title _____

Telephone. _____ Beginning Salary _____ Ending Salary _____

From (Month/Year) _____ To (Month/Year) _____

If this is your current employer may we contact them? _____ Yes _____ No

Describe your duties in detail _____

Employer _____ Address _____

Job Title _____ Supervisor's Name and Title _____

Telephone. _____ Beginning Salary _____ Ending Salary _____

From (Month/Year) _____ To (Month/Year) _____

Describe your duties in detail _____

Employer _____ Address _____

Job Title _____ Supervisor's Name and Title _____

Telephone _____ Beginning Salary _____ Ending Salary _____

From (Month/Year) _____ To (Month/Year) _____

Describe your duties in detail _____

Employer _____ Address _____

Job Title _____ Supervisor's Name and Title _____

Telephone _____ Beginning Salary _____ Ending Salary _____

From (Month/Year) _____ To (Month/Year) _____

Describe your duties in detail _____

Employer _____ Address _____

Job Title _____ Supervisor's Name and Title _____

Telephone _____ Beginning Salary _____ Ending Salary _____

From (Month/Year) _____ To (Month/Year) _____

Describe your duties in detail _____

Employer _____ Address _____

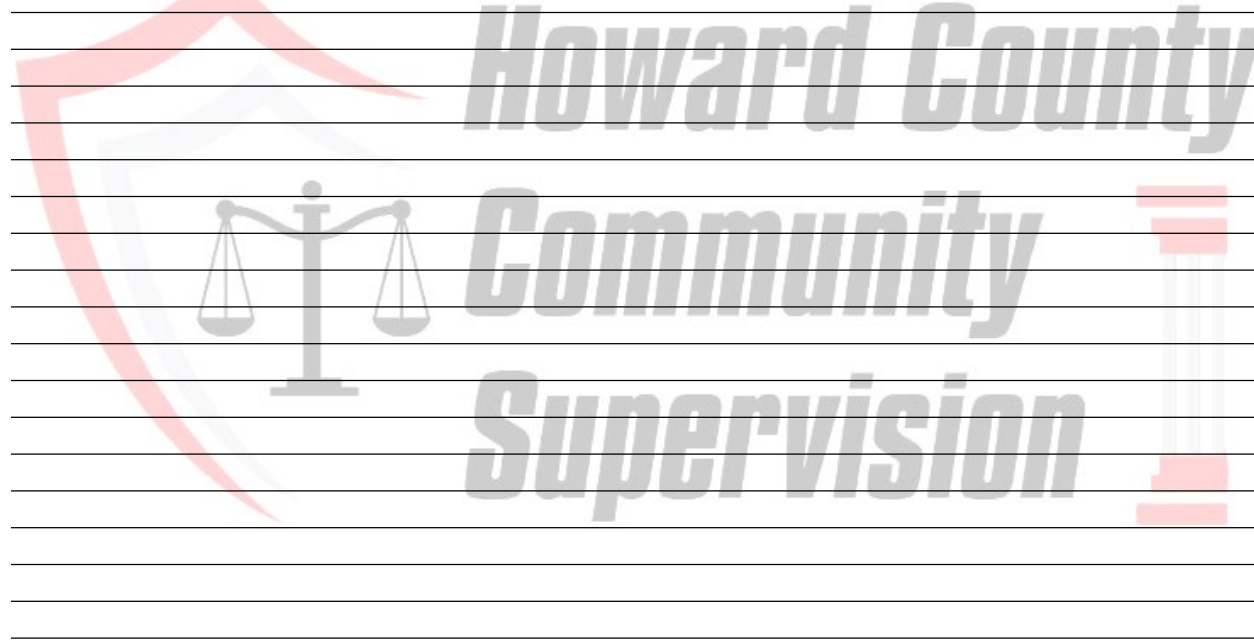
Job Title _____ Supervisor's Name and Title _____

Telephone _____ Beginning Salary _____ Ending Salary _____

From (Month/Year) _____ To (Month/Year) _____

Describe your duties in detail _____

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.



Howard County
Community
Supervision

REFERENCES

(Do not list relatives or former employers)

Name _____ Address _____
Telephone _____ Cell phone _____
Email _____

Name _____ Address _____
Telephone _____ Cell phone _____
Email _____

Name _____ Address _____
Telephone _____ Cell phone _____
Email _____

(List H.C.S.D. Employees Separate)

Name _____ Address _____
Telephone _____ Cell phone _____
Email _____

Name _____ Address _____
Telephone _____ Cell phone _____
Email _____

Name _____ Address _____
Telephone _____ Cell phone _____
Email _____

List all traffic citations you have received in the past three (3) years:

DATE	LOCATION	CHARGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your driver's license been suspended or revoked? _____ Yes _____ No

If yes, explain: _____

JOB APPLICANTS AGREEMENT AND CERTIFICATION

"I certify that the information given by me in this application is true in all respects, and I agree that if the information is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information."

"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Howard County Work Release and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Howard County Work Release unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that Howard County Work Release retains the same right."

"I understand that prior to being offered employment with Howard County Work Release I may be requested to take an employment examination. In the event I have a disability, which will affect my ability to take the test, I will so inform Howard County Work Release prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. Howard County Work Release reserves the right to require medical documentation concerning the need for the accommodation."

"I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time."

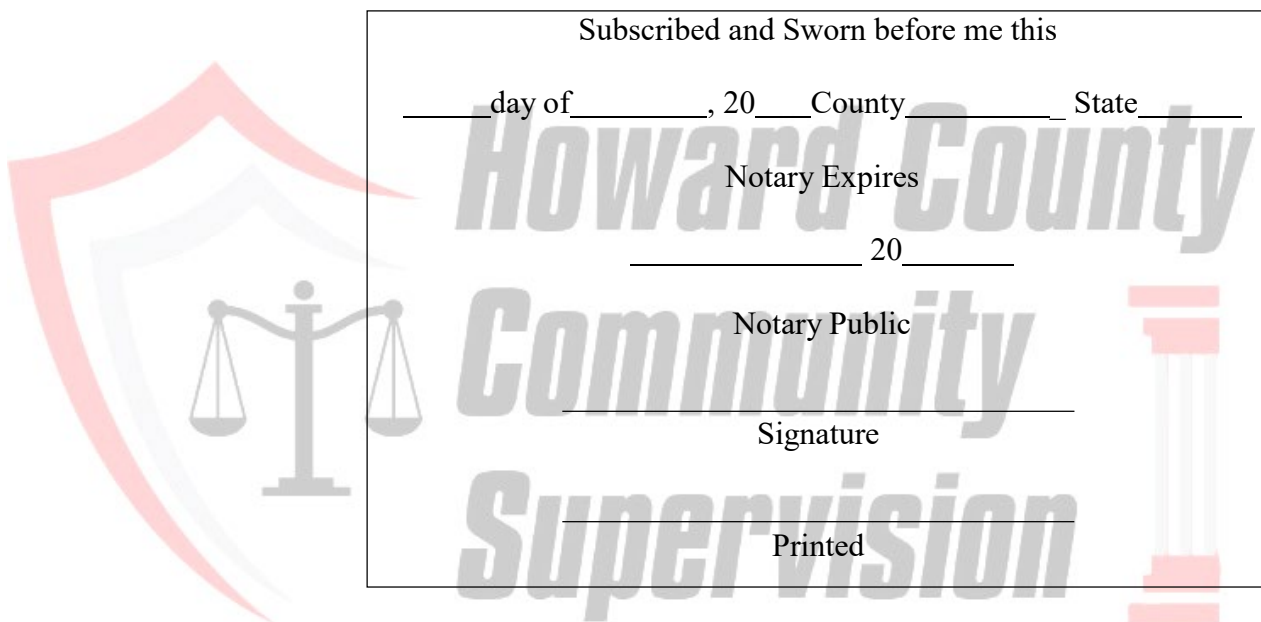
"I understand that this application will be kept on active file for one (1) year from the date completed, after which time I would have to reapply in accordance with established company procedures."

Signature of Applicant Date

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal, educational, or work history except where I have specifically indicated otherwise in this application. In the event that I am employed Howard County Work Release, I agree to comply with all its orders, rules and regulations.

Applicant's Signature _____ Date _____



Subscribed and Sworn before me this
_____ day of _____, 20__ County _____ State _____
Notary Expires
_____ 20_____
Notary Public

Signature

Printed

Howard County Community Supervision

APPLICANT -Do not write in these spaces
FOR PERSONNEL DEPARTMENT USE
ONLY

HOWARD COUNTY WORK RELEASE
623 SOUTH BERKLEY RD
.KOKOMO, IN 46901
(765) 456-2946
FAX (765) 319-2751

<http://www.howardcountyin.gov/justice-system/community-supervision/work-release>