

INSTRUCTIONS

1. Complete the Employment Application
2. Save the form to your desktop or alternate location.
3. Attach the document(s) to an email and send to:
personnel@howardcountyin.gov

TERMS OF ACCEPTANCE AND ELECTRONIC SIGNATURE

By electronically signing this document, you warrant the truthfulness of the information provided in this document.

***SURFACE USERS ONLY – WINDOWS 10**

If you are using Windows 10 with a Microsoft Surface you may experience an issue signing your document. You may download a free app such as XODO.

- Install XODO
- Save the Employment Application
- Open document in XODO and complete
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***WINDOWS 10 USERS**

You will need to access the document(s) using an alternate browser, such as Chrome or Firefox.

MOBILE USERS (Android & Apple)

You must have Adobe Reader or another compatible PDF editor installed prior to completing the document(s).



COUNTY OF HOWARD, INDIANA
 Equal Opportunity Employer

Howard County Administration Center
 220 N. Main Street
 Kokomo, IN 46901
 www.howardcountyin.gov

APPLICANT INFORMATION

Last Name				First			M.I.	Date		
Street Address							Apartment/Unit #			
City				State			ZIP			
Phone				E-mail Address						
Date Available								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 worked for this county?	YES	NO	If so, when?							
Have you ever been convicted of a felony?	YES	NO	If yes, explain							
Do you know anyone working here?	YES	NO	If so, whom?							

EDUCATION

High School				Address						
From	To	Did you graduate?	YES	NO	Degree					
College				Address						
From	To	Did you graduate?	YES	NO	Degree					
Other				Address						
From	To	Did you graduate?	YES	NO	Degree					

ACTIVITIES AND/OR REWARDS

You may exclude any which indicate race, color, religion, gender, age, national origin or disability

REFERENCES

Please list three professional references.

Full Name				Relationship						
Company				Phone						
Address										
Full Name				Relationship						
Company				Phone						

Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT

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
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
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

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

PROFESSIONAL OR SPECIALIZED TRAINING

Professional/Special License(s) or Certificate(s):

State:	Issued by:	Date Issues:	Expiration:
Type:	License #:		

Have you ever had a license revoked:

YES

NO

If yes, explain:

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

The County of Howard, Indiana does not discriminate on the basis of race, color, gender, national origin, age, religion, or disability in employment or the provision of services.

You must complete entire application for employment. Any application not completed in its entirety will be disqualified.