



Hendricks County Office of Washington Township Trustee
 311 Production Drive • Avon IN • 46123
 Trustee Donald Hodson



EMPLOYMENT APPLICATION

PERSONAL INFORMATION (please print)

State the position for which you are applying _____

Name _____ Date _____

Address _____

Phone No. _____ E-mail address _____

Are you a United States Citizen or otherwise authorized to work in the U.S. on an unrestricted basis? _____
 If no, please explain _____

Have you ever been convicted of a crime that has not been expunged by a court (except minor traffic violation)?
 _____. If yes, please explain _____

Are you 18 years of age or older? _____
 Have you applied here before? ____ When? ____ Have you ever worked here before? ____ When? _____

Names of employees at this Company with whom you are acquainted or related _____

Have you worked under a different name(s) than the name listed on this application? _____
 If yes, what name(s) and date(s) _____

EDUCATION

Type of School	Name and Location of School	Graduated (Yes or No)	Major Field of Study
High School/ GED /Eqv			
College/University			
Trade, Business, Etc			

State any additional information you think would be of interest to us in considering your application, including skills:



Hendricks County Office of Washington Township Trustee
311 Production Drive • Avon IN • 46123
Trustee Donald Hodson



EMPLOYMENT EXPERIENCE

Firm Name _____ Address _____
 Employed from _____ to _____ Starting rate _____ Final rate _____
 Position Held _____ Supervisor _____
 Describe your job duties _____
 Why did you leave? _____

Firm Name _____ Address _____
 Employed from _____ to _____ Starting rate _____ Final rate _____
 Position Held _____ Supervisor _____
 Describe your job duties _____
 Why did you leave? _____

Firm Name _____ Address _____
 Employed from _____ to _____ Starting rate _____ Final rate _____
 Position Held _____ Supervisor _____
 Describe your job duties _____
 Why did you leave? _____

Firm Name _____ Address _____
 Employed from _____ to _____ Starting rate _____ Final rate _____
 Position Held _____ Supervisor _____
 Describe your job duties _____
 Why did you leave? _____

Which of the above jobs did you like best and why? _____

Have you ever been discharged or requested to resign from a job? _____ If yes, please explain.

How did you hear about this position? _____

Days/hours available to work

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

PROFESSIONAL REFERENCES:

NAME	CONTACT NUMBER	POSITION /TITLE



Hendricks County Office of Washington Township Trustee
311 Production Drive • Avon IN • 46123
Trustee Donald Hodson



APPLICANT'S STATEMENT

(please read carefully before signing)

I certify that the information contained in this application is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interviews may result in immediate discharge whenever it is discovered.

I authorize the release of any and all information concerning my previous employment and education and any pertinent information that my previous employers or schools may have and release all parties from all liability for any damage that may result from providing the information to the Company.

I understand that statements which may be contained in policies, handbooks, practices and other materials do not create any contract, expressed or implied, or guarantee of employment. I understand that the Company has the unconditional and absolute right to modify, amend or terminate policies, practices, benefit plans and other Company programs as it sees fit.

In consideration of my employment, I agree to conform to the rules, regulations and policies of the Company and agree that my employment and compensation may be terminated at any time, either by me or by the Company, with or without cause.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, height, weight, or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

I have read and understand the foregoing five paragraphs and have voluntarily agreed to them.

SIGNATURE: _____

DATE: _____

