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: ree.moon@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		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 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.