



**Hardin County Sheriff's Office**  
**Civilian Employment Application**  
 Updated September 2012  
 An Equal Opportunity Employer

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

Position Applied for \_\_\_\_\_  Full Time     Part-Time     Seasonal     Temporary  
 Date you can begin work \_\_\_\_\_ Are you available for any shift?     Yes     No  
 Are you available for on call duty?  Yes     No    Are you available to work overtime?     Yes     No  
 Please list any hours or days you cannot work \_\_\_\_\_

A resume may be attached to this application to provide additional information, but may not be substituted for a completed and signed application form.

**PERSONAL INFORMATION**

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Phone Number (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_ email \_\_\_\_\_

How long at present address? \_\_\_\_\_ Previous address? \_\_\_\_\_

Are you over 18 years of age?     Yes     No    Are you over 21 years of age?     Yes     No

Are you lawfully eligible to be employed in this country?     Yes     No  
 (Proof of citizenship or immigration status will be required upon employment)

Are you a current participant or retired from any of the Kentucky Retirement Systems?     Yes     No  
 If yes, what system and when? \_\_\_\_\_

Are you on lay-off status and subject to recall?     Yes     No

Do you have any relatives working for Hardin County Government?     Yes     No  
 If yes, whom? \_\_\_\_\_

Have you ever worked for Hardin County Government?     Yes     No  
 If yes, when? \_\_\_\_\_ What department? \_\_\_\_\_

Your name when employed by Hardin County Government, if applicable \_\_\_\_\_

Do you have a valid driver's license?     Yes     No    Issuing State \_\_\_\_\_  
 Do you have a Commercial Driver's license?     Yes     No    License ID# \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ List endorsements (if any) \_\_\_\_\_, \_\_\_\_\_

Have you ever been convicted of a Felony?  Yes     No    Convicted of a Misdemeanor?     Yes     No  
 If yes, please explain \_\_\_\_\_

**We are a drug free environment. You will be required to have a drug test administered prior to employment**

**MILITARY SERVICE RECORDS**

Branch of Military \_\_\_\_\_  
Rank at Discharge \_\_\_\_\_  
(Please supply a copy of your DD Form 214)

Period of Service (dates) \_\_\_\_\_  
Type of Discharge \_\_\_\_\_

Duties and special training completed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**EMPLOYMENT HISTORY**

List all experience in order starting with your present or more recent position and working backwards. Attach additional sheet(s), as needed.

Present or Last Employer _____	Dates of Employment: From : _____ To: _____
Address _____	City, State, Zip Code _____
Telephone _____	Supervisor's Name _____
Job Title _____	Reason for leaving _____
Description of Duties: _____ _____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Present or Last Employer _____	Dates of Employment: From : _____ To: _____
Address _____	City, State, Zip Code _____
Telephone _____	Supervisor's Name _____
Job Title _____	Reason for leaving _____
Description of Duties: _____ _____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Present or Last Employer _____	Dates of Employment: From : _____ To: _____
Address _____	City, State, Zip Code _____
Telephone _____	Supervisor's Name _____
Job Title _____	Reason for leaving _____
Description of Duties: _____ _____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	





Hardin County Sheriff's Office

100 Public Square Suite 101

Elizabethtown KY 42701

GENERAL AUTHORIZATION AND RELEASE:

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I \_\_\_\_\_ do hereby authorize and grant my informed consent to permit the person receiving this form, to release to it's agents and/or representatives data classified as private which concerns me and which may be in your possession. The data, which I authorize to be released, consists of private data, which has been collected by you as a result of my contacts and associations with you and your agents and representatives. The information for which release is authorized includes all data, which has been collected, created, received, retained or disseminated in whatever form, which in any way relates to my dealings with your agency. I understand that the purpose of permitting the Hardin County Sheriff's Office to have access to this information is to determine my suitability for employment with the Hardin County Sheriff's Office. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment with the Hardin County Sheriff's Office.

This authorization shall be valid for a period of one (1) year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the department or you of that fact.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Signed before me this the \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notaries Signature

Kentucky State at Large

My Commission Expires: \_\_\_\_\_