

**COUNTY OF HENRY  
APPLICATION FOR EMPLOYMENT**  
(PLEASE USE INK OR TYPEWRITER)

1. Position(s) Applied For \_\_\_\_\_

2. Name \_\_\_\_\_

(Print last name, then first and middle names. List only names shown on Social Security card.)

Maiden Name \_\_\_\_\_

3. Address \_\_\_\_\_

Permanent

Street and Number                      City                      State                      Zip Code                      Home Telephone                      Bus. Telephone

4. Address \_\_\_\_\_

Temporary

Street and Number                      City                      State                      Zip Code                      Home Telephone                      Bus. Telephone

5. Social Security No.

**DRIVER'S LICENSE CUSTOMER NUMBER**

6. Are you a citizen of the United States? \_\_\_\_\_ How long have you lived in Virginia? \_\_\_\_\_

7. Military History: (If now in Reserve or National Guard, indicate in last column below.) Include summary of military experience in Paragraph 20.

(Service)	(Date of Entry)	(Date of Separation)	(Nature of Discharge)

8. List names and addresses of three persons not related to you who know your qualifications or who know your character.

(Name)	(Address)	(Occupation)

9. Do you object to having your present employer questioned about your work? \_\_\_\_\_

10. If you have a civil service (or merit system) status, specify government, position title, and date. \_\_\_\_\_

11. What is the minimum salary per month you will accept? \_\_\_\_\_ When will you be available for work? \_\_\_\_\_

12. Will you accept employment which:

A. Is temporary? \_\_\_\_\_ B. Requires frequent travel? \_\_\_\_\_ C. Requires that you provide an automobile? \_\_\_\_\_

13. Have you ever been convicted of law violation? \_\_\_\_\_ or had a surety bond cancelled or application for bond refused? \_\_\_\_\_
14. If ever discharged, or forced to resign, list date, employer's name and address, and the reason in Paragraph 21 at the end of the Application.  
Write "No" if never discharged nor forced to resign. \_\_\_\_\_
15. List any professional or trade certificates or licenses you possess; state the date and authority for each. \_\_\_\_\_
16. List office machines you have operated \_\_\_\_\_
17. Give speed in words per minute: Shorthand \_\_\_\_\_ Typing \_\_\_\_\_
18. List all schools you have attended, including armed forces schools, USAFI, and other correspondence courses.

School	Name and Location	No. Yrs. Completed	Did You Graduate?	Date of Graduation
Elementary				
Junior High				
High School				

  

School	Name and Location	ATTENDED				Approx. No. Semester Hrs. Credit	Major Subject	Degree or Certif. and Date
		From		To				
		Mo.	Yr.	Mo.	Yr.			
Business or Vocational								
College or Technical								
Graduate or Professional								
Other, e.g., Armed Forces, Correspondence, etc.								

19. Begin with your present or latest position and work back to the first you held. Account for all periods of employment or unemployment. Give your duties and responsibilities in such detail as to make your qualifications clear. Give military assignments, substituting rank for salary in each assignment.

<b>SAMPLE</b>	Exact title of your position	<b>SENIOR AUDITOR</b>	Salary: Starting, <b>\$400</b>
Place <b>FRANKFORT, KY.</b>			Per MO. Final, <b>\$400</b>
From <b>OCT 1963</b> to <b>JULY 1965</b>	Full-time <input checked="" type="checkbox"/> Part-time _____	If part-time, number of hours per week _____	
Name of employing firm (or owner) <b>COMMONWEALTH OF KENTUCKY</b>	Duties and responsibilities: <b>MADE FIELD AUDITS OF ACCOUNTS OF STATE DEPARTMENTS OR POLITICAL SUBDIVISIONS OR OF PERSONS AND BUSINESS FIRMS SUBJECT TO TAXATION OR REGULATION BY THE STATE. MADE ASSIGNMENTS AND REVIEWED THE WORK OF ASSISTANTS. PREPARED REPORTS IN CONNECTION WITH AUDITS MADE. GAVE INSTRUCTION AND DIRECTION TO PUBLIC OFFICIALS IN CONNECTION WITH APPROVED METHODS OF ACCOUNTING FOR PUBLIC FUNDS. OCCASIONALLY TESTIFIED IN COURT ON MATTERS INVOLVING AUDITS COMPLETED.</b>		
Address <b>AUDITOR'S OFFICE</b>			
<b>FINANCE BUILDING, FRANKFORT, KY.</b>			
Kind of business or organization <b>PUBLIC SERVICE</b>			
Number and class of employees you supervised <b>6-JUNIOR AUDITORS OF PUBLIC ACCOUNTS</b>			
Name and title of your immediate supervisor <b>MR. A.C. COLE</b>			
<b>ASSISTANT STATE AUDITOR</b>			
Reason for leaving <b>MOVED FROM STATE</b>	Machines and equipment you used	<b>NONE</b>	

<b>(1) PRESENT OR LAST POSITION</b>			
Place _____	Exact title of your position _____	Salary: Starting. \$ _____	
From _____ (City) 19____ to _____ (State) 19____		Per _____ Final. \$ _____	
(Month) (Year) (Month) (Year)	Full-time _____ Part-time _____	If part-time, number of hours per week _____	
Name of employing firm (or owner) _____	Duties and responsibilities: _____		
Address _____			
Kind of business or organization _____			
Number and class of employees you supervised _____			
Name and title of your immediate supervisor _____			
Reason for leaving _____	Machines and equipment you used _____		
<b>(2) NEXT PREVIOUS POSITION</b>			
Place _____	Exact title of your position _____	Salary: Starting. \$ _____	
From _____ (City) 19____ to _____ (State) 19____		Per _____ Final. \$ _____	
(Month) (Year) (Month) (Year)	Full-time _____ Part-time _____	If part-time, number of hours per week _____	
Name of employing firm (or owner) _____	Duties and responsibilities: _____		
Address _____			
Kind of business or organization _____			
Number and class of employees you supervised _____			
Name and title of your immediate supervisor _____			
Reason for leaving _____	Machines and equipment you used _____		
<b>(3) NEXT PREVIOUS POSITION</b>			
Place _____	Exact title of your position _____	Salary: Starting. \$ _____	
From _____ (City) 19____ to _____ (State) 19____		Per _____ Final. \$ _____	
(Month) (Year) (Month) (Year)	Full-time _____ Part-time _____	If part-time, number of hours per week _____	
Name of employing firm (or owner) _____	Duties and responsibilities: _____		
Address _____			
Kind of business or organization _____			
Number and class of employees you supervised _____			
Name and title of your immediate supervisor _____			
Reason for leaving _____	Machines and equipment you used _____		
<b>(4) NEXT PREVIOUS POSITION</b>			
Place _____	Exact title of your position _____	Salary: Starting. \$ _____	
From _____ (City) 19____ to _____ (State) 19____		Per _____ Final. \$ _____	
(Month) (Year) (Month) (Year)	Full-time _____ Part-time _____	If part-time, number of hours per week _____	
Name of employing firm (or owner) _____	Duties and responsibilities: _____		
Address _____			
Kind of business or organization _____			
Number and class of employees you supervised _____			
Name and title of your immediate supervisor _____			
Reason for leaving _____	Machines and equipment you used _____		

<b>(5) NEXT PREVIOUS POSITION</b>	
Place _____ From _____ (City) 19____ to _____ (State) 19____ (Month) (Year) (Month) (Year)	Exact title of your position _____ Salary: Starting. \$ _____ Per _____ Final. \$ _____
Name of employing firm (or owner) _____	Full-time _____ Part-time _____ If part-time, number of hours per week _____
Address _____	Duties and responsibilities: _____
Kind of business or organization _____	
Number and class of employees you supervised _____	
Name and title of your immediate supervisor _____	
Reason for leaving _____	Machines and equipment you used _____
<b>(6) NEXT PREVIOUS POSITION</b>	
Place _____ From _____ (City) 19____ to _____ (State) 19____ (Month) (Year) (Month) (Year)	Exact title of your position _____ Salary: Starting. \$ _____ Per _____ Final. \$ _____
Name of employing firm (or owner) _____	Full-time _____ Part-time _____ If part-time, number of hours per week _____
Address _____	Duties and responsibilities: _____
Kind of business or organization _____	
Number and class of employees you supervised _____	
Name and title of your immediate supervisor _____	
Reason for leaving _____	Machines and equipment you used _____
<b>(7) NEXT PREVIOUS POSITION</b>	
Place _____ From _____ (City) 19____ to _____ (State) 19____ (Month) (Year) (Month) (Year)	Exact title of your position _____ Salary: Starting. \$ _____ Per _____ Final. \$ _____
Name of employing firm (or owner) _____	Full-time _____ Part-time _____ If part-time, number of hours per week _____
Address _____	Duties and responsibilities: _____
Kind of business or organization _____	
Number and class of employees you supervised _____	
Name and title of your immediate supervisor _____	
Reason for leaving _____	Machines and equipment you used _____

20. Use the space below to give additional information about your qualifications, such as, scholastic honors, membership in professional societies, etc., or amplify any statements made in this application.

21. How did you learn of a Henry County employment opportunity?

I hereby certify that this application is a complete record and that all entries given in it are true and accurate to the best of my knowledge.

Date \_\_\_\_\_

Signed \_\_\_\_\_