

APPLICATION FOR EMPLOYMENT

THE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

COUNTY COURTHOUSE

Initial screening will be based on this application. Please be sure to answer all items completely and accurately. Let us know if you do not understand an item or need help in completing this application.

POSITION APPLIED FOR: _____

DEPARTMENT: _____

DATE: _____ SOCIAL SECURITY NUMBER: _____

NAME: _____ Telephone: _____
Last First Middle

ADDRESS: _____
Street City State Zip

HOW LONG AT PRESENT ADDRESS? _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

SELECT THE TYPE OF WORK FOR WHICH YOU ARE APPLYING:

_____ Full Time _____ Part Time

WHEN WOULD YOU BE ABLE TO START WORK WITH THE COUNTY?

HAVE YOU EVER WORKED FOR THE COUNTY BEFORE? _____

IF YES, EXPLAIN WHEN, IN WHAT CAPACITY, AND REASON FOR LEAVING.

WHEN: _____

WHAT CAPACITY: _____

REASON FOR LEAVING: _____

DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED BY THE COUNTY? _____

IF YES, STATE THE NAME(S), RELATIONSHIP(S), AND DEPARTMENT(S) IN WHICH EMPLOYED.

NAME	RELATIONSHIP	DEPARTMENT
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LIST (3) PERSONAL REFERNECES NOT RELATED TO YOU

WORK EXPERIENCE

Note: Not answering all items in the following section may eliminate you from further consideration. Be sure to provide phone numbers for your most recent employers. If you have been discharged from any position, Please explain in detail.

1. PREVIOUS EMPLOYER _____

ADDRESS _____

Street City State Zip

PHONE _____

EMPLOYMENT DATES: FROM _____ TO _____

POSITION _____ SUPERVISOR'S NAME _____

MAIN DUTIES: _____

FINAL SALARY _____ PER _____

*REASON FOR LEAVING _____

2. PREVIOUS EMPLOYER _____

ADDRESS _____

Street City State Zip

PHONE _____

EMPLOYMENT DATES: FROM _____ TO _____

POSITION _____ SUPERVISOR'S NAME _____

MAIN DUTIES: _____

FINAL SALARY _____ PER _____

*REASON FOR LEAVING _____

IF YOU INDICATE THAT YOU HAVE BEEN DISCHARGED FROM A POSITION, PLEASE MAKE ANY COMMENTS WHICH YOU FEEL MAY HELP CLARIFY CIRCUMSTANCES CAUSING THE DISCHARGE: _____

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? _____

EDUCATION / TRAINING

PLEASE PROVIDE INFORMATION ABOUT YOUR EDUCATIONAL AND TRAINING BACKGROUND. USE ADDITIONAL SPACE IF NECESSARY.

WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU HAVE ATTAINED? _____

ELEMENTARY/JUNIOR HIGH/HIGH SCHOOL: _____
NAME/CITY/STATE

GRADE COMPLETED: _____

VOCATIONAL TRAINING, SECRETARIAL SCHOOLS, CETA, OR ARMED FORCES TRAINING:

SCHOOL	COURSE NAME	DATES ATTENDED (HOW LONG WAS TRAINING?)
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COLLEGE:

NAME	DATES ATTENDED	MAJOR	DEGREE OR HOURS
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PLEASE MAKE A HANDWRITTEN STATEMENT CONCERNING WHY YOU BELIEVE YOU WOULD MAKE A GOOD EMPLOYEE IN THE DEPARTMENT YOU HAVE APPLIED FOR. BE SPECIFIC. (IF, FOR EXAMPLE, YOU ARE APPLYING FOR A ROAD/BRIDGE JOB, NAME WORK EXPERIENCE THAT HAS PREPARED YOU FOR THIS WORK.)

PLEASE READ CAREFULLY AND SIGN – APPLICATIONS NOT SIGNED WILL NOT BE ACCEPTED.

THE FACTS SET FORTH ABOVE IN MY APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF EMPLOYED, FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL. I FURTHER UNDERSTAND THAT AN INCOMPLETE APPLICATION OR AN ABSENCE OF MY SIGNATURE ON THE APPLICATION IS JUST CAUSE FOR REJECTION OF THIS APPLICATION. MY SIGNATURE AUTHORIZES THE COUNTY TO REVIEW MY PREVIOUS EMPLOYMENT RECORD, MY DRIVING AND CRIMINAL RECORDS AND/OR OTHER BACKGROUND DATA AS IT MAY RELATE TO THE POSITION(S) FOR WHICH I AM APPLYING OR HAVE BEEN HIRED. I ALSO UNDERSTAND THAT FOR SOME POSITIONS, AN OFFER OF EMPLOYMENT WITH THE COUNTY MAY BE CONTINGENT UPON THE RESULTS OF A PHYSICAL EXAMINATION.

DATE

SIGNATURE OF APPLICANT

OTHER INFORMATION

ARE YOU A UNITED STATES CITIZEN? _____

ARE YOU OVER 21 YEARS OF AGE? _____

DO YOU HAVE A PHYSICAL HANDICAP THAT CLEARLY PREVENTS YOU FORM PERFORMING CERTAIN WORK? _____

IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY CRIME? _____

IF YES, EXPLAIN. _____

DO YOU CURRENTLY HAVE A BANK ACCOUNT? _____

ARE YOU WILLING TO SIGN FOR AND AGREE TO CONDITIONS OF EMPLOYMENT OF THE COUNTY THAT HAVE BEEN REVIEWED AND ARE IN ACCORD WITH KNOWN STATE AND FEDERAL LAW? _____

SIGNATURE OF APPLICANT