## Application for Employment PLEASE PRINT

Position(s) applied for	r				]	Date of applicatio	n/_	/
Name	Last	i.		First		Middle		
Address								
	Stree	et		City	State	e Zip Code		
Telephone # () _				Soci	ial Securi	ty #		
If you are under 18, as	nd it is re	equired	l, can you	furnish a	work pern	nit?	Yes	No
If no, please explain_								
Have you ever been e	mployed	by the	County I	Before?			Yes	No
If yes, when?								
Are you legally eligib	le for en	nploym	ent in this	s country?			Yes	No
Date available for wor	rk						/_	
Type of employment	desired					Full-Time _	Pai	rt-Time
Are you able to meet	the atten	dance r	requireme	ents of the	position?-		Yes	No
Have you ever been c	onvicted	of a cr	rime in the	e last (7) y	ears?		Yes	No
If yes, please explain_ Conviction will <u>NOT</u> ne relation to the position f				yment. Eac	ch instance	and explanation wi	ill be co	nsidered in
Employment His Provide the following info		or vour na	ast (4) empl	overs, assign	ments, or v	olunteer activities, sta	rting wit	th the most recent
Name & Address of		From To		Weekly	Weekly	- · · · · · · · · · · · · · · · · · · ·		
Company & Type of Business	Mo.	Yr. N	Mo. Yr.	Starting Salary	Last Salary	Reason for Leav	ring	Name of Supervisor
	_							
	Deceri							
	Descii	oc me	work you	uiu.				

Name & Address of	Fro	From To		o	Weekly	Weekly	7			
Company & Type of Business	Mo.	Yr.	Mo.	Yr.	Starting Salary	Last Salary	Reason	n for Leaving	Name of Supervisor	
Dusiness					Salary	Salary				
	Desc	Describe the work you did:								
				mont jou aid.						
-										
Name & Address of	From		Т	o	Weekly	Weekly	7			
Company & Type of	Mo.	Yr.	Mo.	Yr.	Starting	Last		n for Leaving	Name of Supervisor	
Business	1010.	11.	1010.	11.	Salary	Salary				
		<u> </u>								
	Desc	ribe th	ne worl	k you c	lid:					
Name & Address of	Fre	om	T	o	Weekly	Weekly	7			
Company & Type of Business	Mo.	Yr.	Mo.	Yr.	Starting Salary	Last Salary	Reasor	n for Leaving	Name of Supervisor	
Business					Sulary	Sulary				
	Desc	ribe th	ie worl	k von d	lid.					
		1100 11		i you c						
~	a									
Skills and Quali										
Summarize any tra									s being able to	
perform job-related	d function	ons in	the p	ositio	n for whi	ich you	are apply	ing		
D1 / 1D	1									
Educational Bac	ekgrou	nd						T		
Name and Location		C	Years omplete	Di	Did you Graduat		Course of Study			
High School				mpiete		Yes	No			
						103	_110			
College					Maj	or	Degree			
Other										
Outer										

## References

Name	Telephone	Years known
	( ) -	
	( ) -	
	( ) -	

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason, or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in a writing signed by an officer. I understand that if employment is offered to me, I may be required to undergo a physical examination by a physician chosen by the County as well as drug and alcohol abuse screening test prior to starting work and during the period of my employment.