

Clay County

APPLICATION FOR EMPLOYMENT

NAME _____

Mailing Address _____

Phone Number _____ Cell Phone Number _____

List any other names used if different from name on application. _____

Position for which you are applying _____

Do you have any relatives working for the County? Yes ___ No ___
 If so, list name and relationship. _____

Full-Time _____ Part-Time _____ Date available for work _____

Are you at least 18 years of age? Yes _____ No _____

Are you willing to work hours other than 8-5? Yes _____ No _____

Current Driver's License # (if required for position) _____ CDL Yes ___ No ___
 (Number) (State)

Have you ever been convicted of a felony or subjected to deferred adjudication on a felony change? _____

If you answered yes explain _____

Have you ever been discharged? Yes _____ No _____

Have you ever worked for this company before? Yes _____ No _____ If Yes give dates: _____

Are you presently employed? Yes _____ No _____

EDUCATION

Name and Location of School	Dates Attended	Date Graduated	Type of Diploma or Degree	Major/Minor Fields of Study
High School				
College				
Other Training				

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

License/Certification	Date Issued	Date Expires	Issued by/ Location of issuing authority	License #

Special Training/Skills/Qualifications: List all job-related training or skills you possess and machines of office equipment you can use, such as calculators, computers, copiers, and types of software and hardware. _____

Approximately how many words per minute do you type? _____

EMPLOYMENT HISTORY

NAME: _____

Employer: _____ Start Date _____

Address: _____ Leaving Date _____

City, State & Zip _____ Ending Salary _____

Supervisor Name and Phone # _____

May we contact them Yes _____ No _____

Summary of Job Duties: _____

Reason for leaving: _____



Employer: _____ Start Date _____

Address: _____ Leaving Date _____

City, State & Zip _____ Ending Salary _____

Supervisor Name and Phone # _____

May we contact them Yes _____ No _____

Summary of Job Duties: _____

Reason for leaving: _____

Employer: _____ Start Date _____

Address: _____ Leaving Date _____

City, State & Zip _____ Ending Salary _____

Supervisor Name and Phone # _____

May we contact them Yes _____ No _____

Summary of Job Duties: _____

Reason for leaving: _____



Employer: _____ Start Date _____

Address: _____ Leaving Date _____

City, State & Zip _____ Ending Salary _____

Supervisor Name and Phone # _____

May we contact them Yes _____ No _____

Summary of Job Duties: _____

Reason for leaving: _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I authorize any of the persons or organizations referenced in the application to give you all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with damages which may result from furnishing such information to you.
4. I understand that disclosure of my Social Security Number (SSN) is optional. The agency to which I am applying may use the SSN for administrative tracking purposes and for identification of individuals. This is in accordance with the Federal Law U.S.C. 552a Section 7(b).

THIS APPLICATION MUST BE SIGNED

Sign here: _____
Signature-Applicant

Date: _____