

COUNTY OF BARREN

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE _____

NAME _____ SSN _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP

PHONE NUMBER _____

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN
AUTHORIZED TO WORK IN THE UNITED STATES? Yes _____ No _____

DO YOU HAVE A COMMERCIAL DRIVERS LICENSE? Yes _____ No _____

IF YOU ARE A MALE WHO IS AT LEAST EIGHTEEN (18) YEARS OF AGE BUT HAS NOT ATTAINED THE AGE OF TWENTY-SIX (26) YEARS OF AGE, PLEASE ATTACH DOCUMENTATION EVIDENCING YOUR REGISTRATION OR EXCEPTION FROM REGISTRATION WITH THE FEDERAL SELECTIVE SERVICE SYSTEM.

EMPLOYMENT DESIRED

POSITION DATE YOU CAN START SALARY DESIRED

ARE YOU EMPLOYED NOW? IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS EMPLOYER BEFORE? WHERE? WHEN?

EDUCATION NAME AND LOCATION OF SCHOOL NO. OF YEARS ATTENDED DID YOU GRADUATE SUBJECTS STUDIED

GRAMMAR SCHOOL

HIGH SCHOOL

COLLEGE

TRADE, BUSINESS, CORRESPONDENCE SCHOOL

GENERAL SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR, OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. MILITARY OR NAVAL SERVICE RANK PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST.)

DATE MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM _____ TO _____	_____	_____	_____	_____
FROM _____ TO _____	_____	_____	_____	_____
FROM _____ TO _____	_____	_____	_____	_____
FROM _____ TO _____	_____	_____	_____	_____

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

IN CASE OF EMERGENCY NOTIFY:

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I FURTHER UNDERSTAND THAT AN OFFER OF EMPLOYMENT BY THE COUNTY SHALL BE CONDITIONAL UPON THE PASSING OF CONTROLLED SUBSTANCE AND ALCOHOL TESTS."

DATE _____ SIGNATURE _____

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

THE COUNTY OF BARREN DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE, OR DISABILITY IN EMPLOYMENT OR PROVISION OF SERVICES.