

Employment Application

APPLICANT INFORMATION									
Last Name		First		M.I.		Date			
Street Address				Apartment/Unit #					
City			State			ZIP			
Daytime Phone			E-mail Address						
Social Security No.						Desired Salary/Hour			
Where did you learn about this position?									
Are you at least 17 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you related to a current employee?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for Cannon County?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony or subject to deferred adjudication for a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain on page 3.						
INTERESTS									
Position Applied For				Availability	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Temp <input type="checkbox"/>		
Date Available to Begin Employment				Schedule	Day <input type="checkbox"/>	Evening <input type="checkbox"/>			
Do You Have Special Schedule Requirements?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, please explain:						
EDUCATION									
	School Name	City/State	Field of Study	Dates Attended	GPA	Do You Graduate?			
High School						YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Vocational School						YES <input type="checkbox"/>	NO <input type="checkbox"/>		
College/University						YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Other Education						YES <input type="checkbox"/>	NO <input type="checkbox"/>		
RELATED SKILLS									
List office equipment with which you are proficient:									
List computer equipment and software with which you are proficient:									
Other related skills or background:									
LICENSURE/REGISTRATION									
Type	License Number	Expiration Date	Issued by			City/State			
Is your license currently under review, flagged, or has it ever been revoked? (If "yes," please explain on a separate sheet.)						YES <input type="checkbox"/>	No <input type="checkbox"/>		

EMPLOYMENT HISTORY (INCLUDE ALL POSITIONS)

Have you ever been employed under a different name? If so, please list all names:

Most Recent Employer	Address, City, State, ZIP		Job Duties		
Office Phone	From:	To:	Job Title		
Supervisor's Name	Reason for leaving	Salary	Status		
			Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Temp <input type="checkbox"/>

May we contact your current employer at this time? YES | NO

Previous Employer	Address, City, State, ZIP		Job Duties		
Office Phone	From:	To:	Job Title		
Supervisor's Name	Reason for leaving	Salary	Status		
			Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Temp <input type="checkbox"/>

Previous Employer	Address, City, State, ZIP		Job Duties		
Office Phone	From:	To:	Job Title		
Supervisor's Name	Reason for leaving	Salary	Status		
			Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Temp <input type="checkbox"/>

Include additional employers below.

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

1. I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired. If this application leads to employment, I understand that false or misleading information in my application or interview may result in termination of employment.
2. I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.
3. Further, I release all such parties from all liability from any damages which may result from furnishing such information.
4. I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the county or myself.

Signature	Date
-----------	------

Optional Sheet for Additional Information

ADDITIONAL EMPLOYEMENT HISTORY					
Previous Employer	Address, City, State, ZIP		Job Duties		
Office Phone	From:	To:	Job Title		
Supervisor's Name	Reason for leaving	Salary	Status		
			Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Temp <input type="checkbox"/>
Previous Employer	Address, City, State, ZIP		Job Duties		
Office Phone	From:	To:	Job Title		
Supervisor's Name	Reason for leaving	Salary	Status		
			Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Temp <input type="checkbox"/>
Previous Employer	Address, City, State, ZIP		Job Duties		
Office Phone	From:	To:	Job Title		
Supervisor's Name	Reason for leaving	Salary	Status		
			Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Temp <input type="checkbox"/>
Previous Employer	Address, City, State, ZIP		Job Duties		
Office Phone	From:	To:	Job Title		
Supervisor's Name	Reason for leaving	Salary	Status		
			Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Temp <input type="checkbox"/>
FELONY INFORMATION					
Additional space for felony conviction or deferred adjudication for a felony charge. Provide: <ul style="list-style-type: none"> • Dates • Nature of the offense • Name and location of the court • Disposition of the case(s) 					