



JEFF DAVIS COUNTY Application for Employment

ALL INFORMATION IS REQUIRED. A CURRENT RESUME MUST BE ATTACHED.

PERSONAL INFORMATION

NAME (Last, First, Middle) _____ SOCIAL SECURITY NUMBER _____
TELEPHONE NUMBER _____ DRIVER'S LICENSE NUMBER _____
CURRENT ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

EMPLOYMENT DESIRED

POSITION SOUGHT _____ EXPECTED SALARY _____
DATE YOU CAN START WORK _____ Are you currently employed? YES _____ NO _____

If currently employed, provide name of employer and position you currently hold.

May we contact your current employer? YES _____ NO _____

Have you ever applied for employment here before? YES _____ NO _____

When? _____

EDUCATION

NAME AND LOCATION OF HIGH SCHOOL _____ GRADUATED? _____

NAME AND LOCATION OF COLLEGE OR UNIVERSITY _____ GRADUATED? _____

If a college graduate, list degree(s) awarded and major(s).

NAME AND LOCATION OF TRADE OR BUSINESS SCHOOL _____ GRADUATED? _____

List any special certificates, licenses, etc. you currently hold.

GENERAL INFORMATION

Please use this space to tell us about any special training or job skill you have:

Are you a veteran of the Armed Forces? _____ Honorable Discharge? _____

BRANCH OF SERVICE _____ HOW LONG SERVED _____ HIGHEST RANK _____

OTHER INFORMATION

Have you ever been finally convicted of a felony, any grade of theft or a crime involving moral turpitude? _____

EMPLOYMENT HISTORY

Please give us information on your last four employers starting with the most recent.

FROM _____
UNTIL _____

NAME AND ADDRESS OF EMPLOYER _____

POSITION HELD _____

SALARY _____

REASON FOR LEAVING _____

FROM _____
UNTIL _____

NAME AND ADDRESS OF EMPLOYER _____

POSITION HELD _____

SALARY _____

REASON FOR LEAVING _____

FROM _____
UNTIL _____

NAME AND ADDRESS OF EMPLOYER _____

POSITION HELD _____

SALARY _____

REASON FOR LEAVING _____

FROM _____
UNTIL _____

NAME AND ADDRESS OF EMPLOYER _____

POSITION HELD _____

SALARY _____

REASON FOR LEAVING _____

REFERENCES

Provide the following information for three persons you have known for at least one year.

NAME _____ BUSINESS _____ CONTACT NUMBER _____ Years known _____

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NAME _____ BUSINESS _____ CONTACT NUMBER _____ Years known _____

AUTHORIZATION

By signing this application, I hereby certify that the information contained herein and in the attached resume is true, correct and complete to the best of my knowledge and belief. I understand that any false or misleading statements are grounds for denying or terminating my employment. I authorize investigation of all statements contained herein and the references and employers listed herein may give you any and all pertinent information they may have, personal or otherwise. I hereby release JEFF DAVIS COUNTY and any former employers or references from any and all liability related to the release of or use of such information. I also understand and agree that no representative of JEFF DAVIS COUNTY has the authority to enter into any contract or agreement for employment for any specified period of time, or to make any agreement or contract which is binding on JEFF DAVIS COUNTY, unless it is in writing and signed by a county official authorized by law. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the AMERICANS WITH DISABILITIES ACT (ADA) or any other relevant Federal or State law.

SIGNATURE OF APPLICANT _____

DATE _____