

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 _____ **NAME AND ADDRESS OF EMPLOYER** _____ **SALARY** _____ **POSITION** _____ **REASON FOR LEAVING**
MONTH & YEAR _____

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."

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.

