## **Application for Employment**

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date		
Last name	First name	Middle name
Street Address		
Mailing Address		
City	State	ZIP
Telephone		
Social Security #		Date of birth
Are you a U.S. citizen or or basis? (You may be require		to work in the U.S. on an unrestricted entation.) $\square$ Yes $\square$ No
Are you looking for full-tir	ne employment? $\Box$	Yes □ No
If no, what hours are you a	vailable?	
Have you ever been convic application.) ☐ Yes ☐ No	ted of a felony? (Th	nis will not necessarily affect your
If yes, please describe cond	litions.	
Employment Desired		
Position applied for		
How did you hear of this of	pening?	
Have you ever applied for		
When? Where?		
Have you ever been emplo When?	yed by Kenedy Cou	nty? □ Yes □ No
Where?		
Are you presently employe		

May we contact your present employer? ☐ Yes ☐ No		
Are you available for full-time work? ☐ Yes ☐ No		
Are you available for part-time work? ☐ Yes ☐ No		
Date you can start		
Desired position		
Desired starting salary		
Please list applicable skills		
Education		
School Name and Location	Year	Major
Degree	1 cai	wajoi
High School		<u> </u>
College		
College		
Post-CollegeOther Training		
In addition to your work history, are there are other skills, qualification that we should consider?	cations, o	or experience

#### **Employment History** (Start with most recent employer)

Company Name Address \_\_\_\_\_\_Telephone Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position\_\_\_\_\_ Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ May we contact?  $\square$  Yes  $\square$  No Responsibilities\_\_\_\_\_ Reason for leaving Company Name Address \_\_\_\_\_\_Telephone\_\_\_\_\_ Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position\_\_\_\_\_ Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ May we contact?  $\square$  Yes  $\square$  No Responsibilities Reason for leaving

### Company Name

Address		Telephone	_
Date Started	Starting Wage		
Starting Position			
Date Ended	Ending Wage		
Ending Position			
Name of Supervisor			
May we contact? ☐ Yes	□ No		
Responsibilities			
			_
Reason for leaving			
Company Name			
Address		Telephone	_
Date Started	Starting Wage		
Starting Position			
	Ending Wage		
Name of Supervisor			
May we contact? ☐ Yes	□ No		
Responsibilities			
Reason for leaving			

# Company Name Address\_\_\_\_\_Telephone\_\_\_\_ Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position\_\_\_\_\_ Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_ Ending Position \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ May we contact? $\square$ Yes $\square$ No Responsibilities Reason for leaving Company Name Address \_\_\_\_\_\_Telephone\_\_\_\_ Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position\_\_\_\_\_ Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position\_\_\_\_\_ Name of Supervisor \_\_\_\_\_ May we contact? $\square$ Yes $\square$ No Responsibilities Reason for leaving

### References

one year.	to you, who have known you for <b>more than</b>
Name	Phone
Years Known	
Address	
Name	Phone
Years Known	
Address	
Name	Phone
Years Known	
Address	
<b>Emergency Contact</b>	
In case of emergency, please notify:	
Name	
Phone	
Address	
Name	
Phone	
Address	

#### **Please Read Before Signing:**

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that Kenedy County and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with Kenedy County, I will comply with all rules and regulations as set by Kenedy County in any communication distributed to the employees.

I understand that a criminal background check and a physical and a drug test are conditions of employment. Therefore, I agree and consent for Kenedy County to conduct a criminal background check and will take the physical and drug test as scheduled and directed by Kenedy County.

I understand that employment with Kenedy County is "at will," which means that either I or Kenedy County can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature <sub>-</sub>	 	 
Date		