

Application for Employment Tate County Sheriff's Dept.

We consider applicants for all positions without regard to race, color, religion, creed, gender national origin, age disability, marital or veteran status, sexual orientation, or any other legally protected status

(PLEASE PRINT)

Position(s) Applied for	Date of Application
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Referred By?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other	_____

Last Name	First Name	Middle Name
Address	City	State
Telephone Number (s)		Social Security Number
Date of Birth	Marital Status	Spouse's Name

Dependant's Name

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before Yes No

If yes give date. _____

Have you ever been employed with us before? Yes No

If yes give date. _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: (Full Time, Part Time, Shift Work, Temporary) _____

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if job requires it? Yes No

Have you been arrested? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	Employer	Dates Employed		Worked Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rates/Salary		
		Starting	Finish	
	Job Title			
	Reason for Leaving			
2	Employer	Dates Employed		Worked Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rates/Salary		
		Starting	Finish	
	Job Title			
	Reason for Leaving			
3	Employer	Dates Employed		Worked Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rates/Salary		
		Starting	Finish	
	Job Title			
	Reason for Leaving			
4	Employer	Dates Employed		Worked Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rates/Salary		
		Starting	Finish	
	Job Title			
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.
 You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills Check Skills /Equipment Operated

<input type="checkbox"/> CRT <input type="checkbox"/> PC <input type="checkbox"/> Calculator <input type="checkbox"/> Typewriter	<input type="checkbox"/> Fax <input type="checkbox"/> Lotus 1-2-3 <input type="checkbox"/> PBX System <input type="checkbox"/> Word Perfect	Production/Mobile Machinery (list): <hr/> <hr/> <hr/> <hr/>	Other (list): <hr/> <hr/> <hr/> <hr/>
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State any additional information you feel may be helpful to us in considering your application .

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes No

References:

1	()	
	(Name)	Phone #
	(Address)	
2	()	
	(Name)	Phone #
	(Address)	
3	()	
	(Name)	Phone #
	(Address)	

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wanting to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment. I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview Yes No

Remarks:

Employed Yes No

Date _____

Job Title _____

Salary _____

Department _____

By _____

Name & Title

Date

NOTES
