

# PERRY COUNTY APPLICATION FOR EMPLOYMENT

The County provides equal opportunity to all employees and applicants for employment without regard to race, color, religion, age, gender, national origin, physical or mental disability, veteran status or any other characteristic protected by law. Any applicant who, because of disability, needs accommodation or assistance in completing this application or at any time during the application process should contact the Chief Clerk. The County also provides reasonable accommodation to employees with disabilities consistent with its obligations under the law.

(PLEASE PRINT)

Position (s) Applied for \_\_\_\_\_

Date of Application \_\_\_\_\_

Name: \_\_\_\_\_  
Last Name First Name Middle Name

Address: \_\_\_\_\_  
Number Street City State Zip Code

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Type of employment desired: (Please Circle) **Full Time** **Part Time** **Temporary**

Are you available to work overtime? Yes  No

Have you been discharged or terminated by a previous employer? Yes  No   
If "Yes" please explain: \_\_\_\_\_

Are you over the age of 18? Yes  No

Have you ever filed an application with us before? Yes  No   
If "Yes" provide when/what position? \_\_\_\_\_

Have you ever been employed with us before? Yes  No   
If "Yes" provide Date/Title \_\_\_\_\_

Are you a current employee? Yes  No

Are you eligible to work in the United States? Yes  No

Are you a Veteran?  Yes  No If Yes; please provide a copy of your DD-214.

Are you related to a current employee(s) in the department for which you are seeking employment?  
 Yes  No  
If "Yes provide name(s) and relationship \_\_\_\_\_

## EDUCATION

	School Name and Address	Course of Study	Years Completed	Diploma/Degree Earned
High School				
Business or Trade/Technical School				
College(s)/University				
Graduate Professional				

Describe any specialized training and/or skills you possess that are appropriate for the work you are seeking. Also include any licenses, certification, or registrations you currently hold. Please include additional pages if necessary.

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Describe any job-related training received in the United States military. Please provide a copy of form DD-214. (If the discharge is anything other than "Honorable", please explain) Please include additional pages if necessary.

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How Did You Learn About Us?

Newspaper Advertisement:

Referral:

Walk-In:

Indeed/Online Job Posting:

Other:

 Please specify: \_\_\_\_\_

## EMPLOYMENT RECORD

List your current or most recent employer first. Please include additional pages if necessary. Complete all areas even if a resume is attached as a supplement.

Present/Last employer \_\_\_\_\_ Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Phone Number \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_

Beginning/Ending salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Title \_\_\_\_\_

Supervisor/Title \_\_\_\_\_ May we contact? Yes  No

Description of position responsibilities \_\_\_\_\_

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Present/Last employer \_\_\_\_\_ Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Phone Number \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_

Beginning/Ending salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Title \_\_\_\_\_

Supervisor/Title \_\_\_\_\_ May we contact? Yes  No

Description of position responsibilities \_\_\_\_\_

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Present/Last employer \_\_\_\_\_ Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Phone Number \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_

Beginning/Ending salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Title \_\_\_\_\_

Supervisor/Title \_\_\_\_\_ May we contact? Yes  No

Description of position responsibilities \_\_\_\_\_

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### **PROFESSIONAL REFERENCES:**

Please list three individuals who can attest to your professional abilities and work accomplishments.

Name/Title	Telephone No.	Relationship
1.		
2.		
3.		

## APPLICANT'S STATEMENT

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**I certify that 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 and kept on file for a period of time not to exceed 6 months. Any applicant wishing to be considered active for employment beyond this time period should inquire as to whether or not applications are 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 an offer of employment is made, I understand that offers of employment are contingent on a satisfactory background check. I understand I will be required to complete the Certification and Authorization form in order to facilitate the background screening process.

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**

