

# PIKE COUNTY

# APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION			
Last Name		First	M.I.      Date
Street Address		Apartment/Unit #	
City		State	ZIP
Phone		Cell Phone	E-mail Address
Date Available	Date of Birth	SS #:	Desired Salary
Position Applied for		Do you hold a valid Commercial Drivers License (CDL)?    YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you a citizen of the United States?    YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?    YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this county?    YES <input type="checkbox"/> NO <input type="checkbox"/>		Are you currently employed?    YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you have a family member currently working for Pike County? (only consider family members within the third degree) YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been convicted of a felony?    YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			

EDUCATION			
<b>High School</b>		Name & Location	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
<b>College</b>		Name & Location	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
<b>Trade, Correspondence or Other School</b>		Name & Location	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES		
<i>Please list three professional references.</i>		
Full Name/Business	Relationship	
Address	Phone (    )	Years Acquainted
Full Name/Business	Relationship	
Address	Phone (    )	Years Acquainted
Full Name/Business	Relationship	
Address	Phone (    )	Years Acquainted

MILITARY SERVICE	
Branch	From                      To
Rank at Discharge	Type of Discharge

PREVIOUS EMPLOYMENT			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**SKILLS** LIST FIELDS OF WORK FOR WHICH YOU ARE LICENSED OR CERTIFIED, EQUIPMENT YOU CAN OPERATE. COMPUTER OR OTHER SKILLS AT WHICH YOU ARE PROFICIENT.

**DISCLAIMER AND SIGNATURE**

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements or information may be grounds for rejection of my application or dismissal if I am employed. I also understand that as condition of employment, I will be required to furnish documentation verifying my identity and eligibility to work in the United States. A background check of my driving, criminal, credit or other records may be conducted before employment.

In addition, I hereby authorize any and all of my current and previous employers, including the US Government or US Military (if approved by me in the "Previous Employment" section), and other persons, registration and licensing boards, and educational institutions listed on my application, to provide Pike County with any job-related information requested. I waive any right to legal claims against a disclosing person, employer, or institution and the prospective employer seeking and using this information for hiring purposes. Notwithstanding any provisions of Federal or State law, I also waive any right I may have to review confidential material or information received by the County from a person, employer, or institution.

Signature \_\_\_\_\_ Date \_\_\_\_\_