

 Commissioners:

 **Shelley Johnson**, *President*

 **Marion “Mickey Polk,** *Vice President*

 **Joseph Gardner**, *Commissioner*

 **Ellis D. Jones Sr**., *Commissioner*

JOB APPLICATION

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| **APPLICANT INFORMATION** |
| **LAST NAME** |  |  |  |
| **FIRST NAME & MIDDLE INITIAL** |  | **Are you legally able to work in the US?** |  |
| **STREET ADDRESS** |  | **PHONE 1** |  |
| **STREET ADDRESS** |  | **PHONE 2** |  |
| **CITY / STATE / ZIP CODE** |  | **EMAIL ADDRESS** |  |
| Are you 18 or older? | Yes or No: | Entitled to work in the U.S.? | Yes or No: |
| Military service? | Yes or No: | If yes, which branch? |  |
| Are you a veteran? | Yes or No: | Convicted of DUI or DWI? |  |
| Convicted of a felony? | Yes or No: | If yes, please explain. |  |
| What position are you applying for? |  | How did you learn of the position available? |  |
| Expected Hourly Rate |  | Expected Annual Salary |  |
| Date Available to Begin |  | Date of Application |  |

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| **PREVIOUS EXPERIENCE** |
| **EMPLOYER NAME 1** |  | **START DATE** |  |
| **SUPERVISOR NAME** |  | **END DATE** |  |
| **STREET ADDRESS** |  | **PHONE** |  |
| **CITY / STATE / ZIP CODE** |  | **EMAIL ADDRESS** |  |
| **POSITION HELD** |  | **RATE OF PAY** |  |
| Reason for leaving? |  | May we contact? | Yes or No: |
| **EMPLOYER NAME 2** |  | **START DATE** |  |
| **SUPERVISOR NAME** |  | **END DATE** |  |
| **STREET ADDRESS** |  | **PHONE** |  |
| **CITY / STATE / ZIP CODE** |  | **EMAIL ADDRESS** |  |
| **POSITION HELD** |  | **RATE OF PAY** |  |
| Reason for leaving? |  | May we contact? | Yes or No: |
| **EMPLOYER NAME 3** |  | **START DATE** |  |
| **SUPERVISOR NAME** |  | **END DATE** |  |
| **STREET ADDRESS** |  | **PHONE** |  |
| **CITY / STATE / ZIP CODE** |  | **EMAIL ADDRESS** |  |
| **POSITION HELD** |  | **RATE OF PAY** |  |
| Reason for leaving? |  | May we contact? | Yes or No: |

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| **EDUCATION** |
|  | **NAME AND LOCATION** | **LAST YEAR COMPLETED** | **MAJOR / EMPHASIS & DEGREE EARNED** |
| **HIGH SCHOOL** |  | 9, 10, 11, or 12: |  |
| **COLLEGE / UNIVERSITY** |  | 1, 2, 3, or 4: |  |
| **TRADE SCHOOL** |  |  |  |
| OTHER / APPLICABLE TRAINING |  | APPLICABLE SKILLS / PROFICIENCIES |  |

# Please list at least three references:

|  |  |  |
| --- | --- | --- |
| Name: | Relationship: | Phone number: |
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**DISCLAIMER**

Applicants understand that this is an Equal Opportunity Employer and committed to excellence through diversity. To ensure this application is acceptable, please print or type with the application being fully completed for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

Signature: Date:

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| Date received: | Received by: | HR received (date and sign): |

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| For Office use only |