

LIMESTONE COUNTY
APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out the application form completely: If questions are not applicable, enter "NA". Do not leave questions blank. Resumes will be accepted for whatever additional information they contain, but not in place of a completed application. Be sure to sign the application when it is complete.

NAME _____ Social Security No. _____
(Last) (First) (Middle)

ADDRESS(Current) _____
(Street) (City) (State) (Zip) (Phone)

(Permanent) _____
(Street) (City) (State) (Zip) (Phone)

Type of position desired _____
Salary expected \$ _____ Full-Time _____ Part-Time _____ Seasonal _____ Date available to work _____

Are you willing to work hours other than 8-5? YES _____ NO _____ If yes, when _____

Driver's License _____
(State) (Number)

Have you ever been convicted by federal, state or any other law enforcement authorities for a violation of any federal, state or county or municipal law, regulation or ordinance? Do not include anything that happened before your 14th birthday. YES _____
NO _____ If yes, describe _____

EDUCATION:

Elementary or high school grade completed (circle) 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate or achieve GED?
(NOTE: TRANSCRIPTS MAY BE REQUIRED FOR VERIFICATION OF EDUCATION) YES _____ NO _____

NAME AND LOCATION OF SCHOOL	DATES ATTENDED	NUMBER OF HRS.	DID YOU GRADUATE?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What type of field did you study? _____

What Diploma or degree did you receive? _____

Current Licenses/ Certifications/ Registrations (indicate types and dates received): _____

Special Skills/ Qualification: List all special skills you possess and machines or office equipment you can use, such as adding machines, dictation equipment, printing or graphics equipment, etc. _____

Approximate Words Per Minute In: Typing _____ Dictation _____

Foreign Languages (list):

Language	Speak	Read	Write
_____	Fair ___ Good ___ Excellent ___	Fair ___ Good ___ Excellent ___	Fair ___ Good ___ Excellent ___
_____	Fair ___ Good ___ Excellent ___	Fair ___ Good ___ Excellent ___	Fair ___ Good ___ Excellent ___

MILITARY SERVICE: (Active duty) Branch _____ Dates: From _____ To _____

Are you in the Active Reserve? YES _____ NO _____

(NOTE: A CERTIFIED PHOTOSTATIC COPY OF A REPORT OF SEPARATION FROM THE ARMED FORCES MAY BE REQUIRED)

EMPLOYMENT RECORD: Please indicate at least the last 10 years of employment. Start with present or most recent position and work back, include military service, use additional sheets if necessary.

EMPLOYER: _____ TYPE OF BUSINESS _____ FULL-TIME _____
MAILING ADDRESS: _____ PART-TIME _____
CITY AND STATE: _____ SEASONAL _____
STARTING DATE _____ ENDING DATE _____ STARTING SALARY _____ ENDING SALARY _____
STARTING POSITION _____ ENDING POSITION _____ SUPERVISOR _____
DUTIES _____
REASON FOR LEAVING _____

EMPLOYER: _____ TYPE OF BUSINESS _____ FULL-TIME _____
MAILING ADDRESS: _____ PART-TIME _____
CITY AND STATE: _____ SEASONAL _____
STARTING DATE _____ ENDING DATE _____ STARTING SALARY _____ ENDING SALARY _____
STARTING POSITION _____ ENDING POSITION _____ SUPERVISOR _____
DUTIES _____
REASON FOR LEAVING _____

EMPLOYER: _____ TYPE OF BUSINESS _____ FULL-TIME _____
MAILING ADDRESS: _____ PART-TIME _____
CITY AND STATE: _____ SEASONAL _____
STARTING DATE _____ ENDING DATE _____ STARTING SALARY _____ ENDING SALARY _____
STARTING POSITION _____ ENDING POSITION _____ SUPERVISOR _____
DUTIES _____
REASON FOR LEAVING _____

If you are not 18 years of age, when will you reach 18? _____
Do you have any relatives working for Limestone County? _____ If yes, first name, relationships and place employed _____

Have you ever been discharged or asked to resign because of unsatisfactory conduct or performance of duties?
YES _____ NO _____ If yes, explain _____

I hereby certify that the foregoing statements as well as those on any attachment(s) to this form are to the best of my knowledge true and correct and that they are given of my own free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute grounds for unfavorable consideration or dismissal from employment. All offers of employment are conditioned on the results of a pre-employment medical examination to determine if there is anything in an applicant's current physical status or medical history that would present a contradiction to employment in the position for which considered. I understand that if employed I will serve an initial probationary period during which I may be separated from employment as unsuited to the assigned position.

You may contact :
Present Employer ? Yes _____ No _____
Former Employer ? Yes _____ No _____

Applicants Signature Date