

**LIMESTONE COUNTY  
APPLICATION FOR EMPLOYMENT  
DISTRICT CLERK  
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**

PRINT IN BLUE OR BLACK INK OR TYPE. These instructions must be followed exactly. Fill out 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 Driver's License No. \_\_\_\_\_

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 \_\_\_\_\_

Have you ever been convicted by federal, state or any other law enforcement authorities for a violation of any federal, state, county or municipal law, regulation or ordinance? Do not include anything that happened before your 14<sup>th</sup> 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 (NOTE: TRANSCRIPTS MAY BE REQUIRED FOR VERIFICATION OF EDUCATION)  
 Did you graduate or achieve a GED? YES \_\_\_\_\_ NO \_\_\_\_\_ Please indicate which: \_\_\_\_\_

NAME & LOCATION OF SCHOOL	DATES ATTENDED	NO. OF HOURS	DID YOU GRADUATE?

What type of field did you study? \_\_\_\_\_  
 What diploma or degree did you receive? \_\_\_\_\_  
 Current Licenses/Certifications/Registrations (indicate types & dates received): \_\_\_\_\_

Special Skills/Qualification: List all computer, printer & scanner usage skills and computer programs you are proficient in (include knowledge of Word, Excel and PDF documents), 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 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 & 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 & 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 & 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, list name, relationship 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(s)? Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**PERSONAL REFERENCES: Please indicate at least 3 VERIFIABLE Personal References.**

Name: \_\_\_\_\_ Title (if any): \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Name: \_\_\_\_\_ Title (if any): \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Name: \_\_\_\_\_ Title (if any): \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Name: \_\_\_\_\_ Title (if any): \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Name: \_\_\_\_\_ Title (if any): \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_