

# EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, creed, gender, national origin, age, disability, marital, or veteran status, sexual orientation, or any other legally protected status.

## PERSONAL INFORMATION (please print)

Position(s) Applied For	Date
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative/Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Walk-in <input type="checkbox"/> Other

Last Name	First Name	Middle Name
Street Address		
City, State, Zip		
Telephone Number(s)	Social Security Number / /	

Are you currently employed?  YES  NO

May we contact your present employer?  YES  NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  YES  NO

Have you been convicted of a felony?  YES  NO

## EDUCATION

	NAME & ADDRESS	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA OR DEGREE
ELEMENTARY SCHOOL				
HIGH SCHOOL				
COLLEGE				
OTHER (Specify)				

**MILITARY (COMPLETE IF YOU HAVE SERVED IN THE U.S. ARMED FORCES)**

Branch of Service	Describe your duties and any special training
Period of Active Duty (Month & Year) From _____ To _____	
Rank at Discharge	
Date of Final Discharge	

**EMPLOYMENT EXPERIENCE**

1. Employer		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rates/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
2. Employer		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rates/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
3. Employer		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rates/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
4. Employer		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rates/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

## ADDITIONAL INFORMATION

### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## SPECIALIZED SKILLS (Check Skills/Equipment Operated)

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	Production/Mobile Machinery List:	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> WordPerfect	_____	_____

## REFERENCES

1.	_____	_____
	(Name)	(Phone)
	_____	
	(Address)	
2.	_____	_____
	(Name)	(Phone)
	_____	
	(Address)	
3.	_____	_____
	(Name)	(Phone)
	_____	
	(Address)	

The facts set forth above in my application for employment are true and complete to the best of my knowledge. I understand falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

APPLICANT RELEASE FORM

I, \_\_\_\_\_ PRESENTLY RESIDING  
(First Middle Maiden Last)  
AT \_\_\_\_\_

HAVE APPLIED FOR EMPLOYMENT WITH STARKE COUNTY.

I HAVE BEEN ADVISED THAT A REPRESENTATIVE OF STARKE COUNTY  
WILL BE CONDUCTING A CHECK OF MY BACKGROUND INFORMATION AND  
ADMINISTERING A DRUG SCREEN  
TO ASSIST IN DETERMINING MY SUITABILITY FOR EMPLOYMENT.

BY SIGNING, I GIVE MY CONSENT FOR THIS.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED

\_\_\_\_\_  
SS#

\_\_\_\_\_  
DOB