

EMPLOYMENT APPLICATION

IT IS OUR POLICY TO COMPLY WITH ALL APPLICABLE STATE AND FEDERAL LAWS PROHIBITING DISCRIMINATION IN EMPLOYMENT BASED ON RACE, COLOR, RELIGION, NATIONAL ORIGIN, OR OTHER PROTECTED CLASSIFICATION.

POSITION APPLIED FOR _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP

TELEPHONE _____ SOCIAL SECURITY NUMBER _____
HOME/CELL

HAVE YOU WORKED HERE BEFORE? YES ___ NO ___ IF YES, WHEN _____

CHECK TYPE OF EMPLOYMENT: FULL TIME ___ PART TIME ___

ARE YOU WILLING TO WORK OVERTIME: YES ___ NO ___

HAVE YOU BEEN TOLD THE ESSENTIALS OF THE JOB YOU ARE APPLYING FOR? YES ___ NO ___

LIST LAST 3 EMPLOYERS:

1. FROM _____ TO _____ JOB TITLE _____ SALARY _____

FIRM NAME _____ ADDRESS _____

REASON FOR LEAVING _____

DESCRIPTION OF WORK _____

SUPERVISOR _____ MAY WE CONTACT? _____ PHONE _____

2. FROM _____ TO _____ JOB TITLE _____ SALARY _____

FIRM NAME _____ ADDRESS _____

REASON FOR LEAVING _____

DESCRIPTION OF WORK _____

SUPERVISOR _____ MAY WE CONTACT? _____ PHONE _____

3. FROM _____ TO _____ JOB TITLE _____ SALARY _____

FIRM NAME _____ ADDRESS _____

REASON FOR LEAVING _____

DESCRIPTION OF WORK _____

SUPERVISOR _____ MAY WE CONTACT _____ PHONE _____

YOU MAY INCLUDE ANY ADDITIONAL EXPERIENCE AND TRAINING YOU HAVE HAD WHICH IN YOUR OPINION WOULD QUALIFY YOU FOR THE POSITION YOU SEEK:

DID YOU GRADUATE FROM HIGH SCHOOL? YES ___ NO ___ IF NO, DO YOU HAVE A GED? YES ___ NO ___

LIST EDUCATION (COLLEGE-TRADE SCHOOL- ETC.):

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES ___ NO ___
(CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FOR EMPLOYMENT.) DESCRIBE CONDITIONS:

DRIVERS LICENSE INFORMATION:

CDL# _____ YEAR _____ NON-CDL # _____ YEAR _____

PROVIDE NAMES AND ADDRESSES OF 3 PEOPLE WHO ARE NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR CHARACTER, EXPERIENCE, OR ABILITY:

NAME	ADDRESS	OCCUPATION	PHONE
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SPECIFY EQUIPMENT THAT YOU HAVE KNOWLEDGE OF AND CAN SAFELY OPERATE: _____

APPLICANTS CERTIFICATION AND AGREEMENT

I CERTIFY THAT THE FACTS SET FORTH IN THIS APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I AM EMPLOYED, FALSE STATEMENTS, OMISSIONS OR MISREPRESENTATIONS MAY RESULT IN MY DISMISSAL. I AUTHORIZE MOORE COUNTY TO MAKE AN INVESTIGATION OF ANY FACTS SET FORTH IN THIS APPLICATION.

I UNDERSTAND THAT EMPLOYMENT IN MOORE COUNTY IS "AT WILL", WHICH MEANS THAT EITHER I OR MOORE COUNTY CAN TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT PRIOR NOTICE, AND FOR ANY REASON NOT PROHIBITED BY STATUTE. ALL EMPLOYMENT IS CONTINUES ON THAT BASIS. I UNDERSTAND THAT NO SUPERVISOR, MANAGER OR EXECUTIVE OF MOORE COUNTY, OTHER THAN THE COMMISIONER'S COURT HAS ANY AUTHORITY TO ALTER THE FORGOING.

DATE _____ APPLICANT'S SIGNATURE _____