

# MARSHALL COUNTY APPLICATION FOR EMPLOYMENT

No question is asked for the purpose of excluding any applicant due to race, creed, color, religion, sex, national origin, age (over 40), veteran status or physical or mental disabilities which with or without accommodation, do not prevent an applicant from performing the essential functions of the job, as prohibited by applicable statute or regulations.

Complete information must be furnished in order that we may give you fair and appropriate consideration. Unsigned or incomplete application form will be discarded.

**GENERAL DATA** (Please print plainly. Answer all questions completely.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position Applying For

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State and Zip

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Mobile Phone #

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Driver's License #

What shifts are you willing to work:      1st    2nd    3rd    Any

Type of work for which application is made: (check all that apply)

Full-time\_\_\_ Part-time\_\_\_ Temporary\_\_\_ Seasonal\_\_\_

In what line of work have you specialized?

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Are you currently employed? If so by whom?

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Title of current job or position:

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Pay of current job or position:

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Location of current job or position:

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What is your pay expectation?

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How soon can you start work?

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Are you 18 or more years of age?

Yes\_\_\_ No\_\_\_ If under 18, state your age \_\_\_\_\_

Are you legally able to be employed in the U.S.?

Yes\_\_\_ No\_\_\_

## **EDUCATION**

**High School:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Diploma:** \_\_\_\_\_ **Any special courses:** \_\_\_\_\_

**Technical School:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Degree:** \_\_\_\_\_ **Major course of study:** \_\_\_\_\_

**College:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Degree:** \_\_\_\_\_ **Major course of study:** \_\_\_\_\_

**Graduate School:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Degree:** \_\_\_\_\_ **Major course of study:** \_\_\_\_\_

## **SPECIAL SKILLS OR ABILITIES**

Can you type?

Yes \_\_\_\_ No \_\_\_\_ Words per Minute \_\_\_\_

Can you take dictation?

Yes \_\_\_\_ No \_\_\_\_ Words per Minute \_\_\_\_

List any office equipment you can operate:

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List any machinery or equipment you can operate:

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List any other skills or abilities you have:

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## **MILITARY SERVICE**

Branch of Military: \_\_\_\_\_ Period of Service (dates): \_\_\_\_\_

Duties and special training completed:

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Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

**ACTIVITIES**

Technical, Scientific, or Honorary Societies:

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**CHARACTER REFERENCES**

Give names of at least three (3) persons for references.

\_\_\_\_\_  
1. Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
E-mail

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2. Name

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Street Address

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City, State Zip

---

Phone #

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E-mail

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3. Name

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Street Address

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City, State Zip

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Phone #

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E-mail

**PREVIOUS EMPLOYMENT RECORD**

In the space below, list each of your employers for the last 10 years, starting with your last job. Please be specific, accurate and do not omit any employer. You may use another sheet of paper if necessary. If you have no work experience, please check here.

\_\_\_\_\_.

1. Employer: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_(month/year) (month/year)

Starting Wage: \_\_\_\_\_ Last Wage: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Detailed description of duties/responsibilities:

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2. Employer: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_(month/year) (month/year)

Starting Wage: \_\_\_\_\_ Last Wage: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Detailed description of duties/responsibilities:

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3. Employer: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_(month/year) (month/year)

Starting Wage: \_\_\_\_\_ Last Wage: \_\_\_\_\_



Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Detailed description of duties/responsibilities:

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4. Employer: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ (month/year) (month/year)

Starting Wage: \_\_\_\_\_ Last Wage: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Detailed description of duties/responsibilities:

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May we contact past employers regarding your qualifications and work record?

Yes \_\_\_\_ No \_\_\_\_

May we contact your present employer regarding your qualifications and work record?

Yes \_\_\_\_ No \_\_\_\_

**PLEASE READ AND SIGN BELOW**

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than the Marshall County Fiscal Court has any

authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing and signed by the County Judge/Executive.

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Signature of applicant