

WILSON COUNTY APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

The Age Discrimination in Employment Act of 1967 forbids discrimination against person over the age of 40.

ALL QUESTIONS MUST BE ANSWERED

PLEASE PRINT

DATE _____

Name	Social Security Number
Address	
Phone No.	Type of Employment/Position Desired
All applicants for employment must be at least 18. Can you submit proof of age after employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has Bond ever been refused? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details:
Are you related by blood or marriage to any employee? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, state name and relationship of relative)	
REFERRED BY:	Are you legally eligible for employment in the U.S.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No State of Issue _____
Have you ever been employed with WILSON COUNTY before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	

EDUCATION

	NAME AND LOCATION	COURSE TAKEN	LAST YEAR COMPLETED	GRADUATION DATE
HIGH SCHOOL				
COLLEGE				
OTHER				

U.S. MILITARY SERVICE

Number of Years Served	Branch of Service	Rank at Discharge	Duties
Are you a member of the National Guard or Reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inactive <input type="checkbox"/> Active			
Do you anticipate any active duty, including reserve training in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No			

PREVIOUS EMPLOYMENT

Provide employer information for the last 10 years and any other work history you feel is relevant to the position you have applied for.
List below present and past employment, beginning with your most recent. Attach extra sheets if necessary.

Name and Address of Company	From		To		Annual Starting Salary	Annual Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
	Describe the work you did:							
Telephone								
Name and Address of Company	From		To		Annual Starting Salary	Annual Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
	Describe the work you did:							
Telephone								
Name and Address of Company	From		To		Annual Starting Salary	Annual Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
	Describe the work you did:							
Telephone								

REFERENCES

Please list two references other than relatives or previous employers.			
Name		Name	
Position		Position	
Company		Company	
Address		Address	
Telephone		Telephone	

MACHINES OPERATED	MACHINERY OPERATED
Personal Computer <input type="checkbox"/> Yes <input type="checkbox"/> No	Dump Truck <input type="checkbox"/> Yes <input type="checkbox"/> No Back Hoe <input type="checkbox"/> Yes <input type="checkbox"/> No
Typewriter <input type="checkbox"/> Yes <input type="checkbox"/> No _____ WPM	Motor Grader <input type="checkbox"/> Yes <input type="checkbox"/> No Paving Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No
10-key <input type="checkbox"/> Yes <input type="checkbox"/> No	Front End Loader <input type="checkbox"/> Yes <input type="checkbox"/> No Brush Cutter <input type="checkbox"/> Yes <input type="checkbox"/> No
Fax Machine <input type="checkbox"/> Yes <input type="checkbox"/> No	Lawn Mower <input type="checkbox"/> Yes <input type="checkbox"/> No
Copy Machine <input type="checkbox"/> Yes <input type="checkbox"/> No	Edger <input type="checkbox"/> Yes <input type="checkbox"/> No
Scanner <input type="checkbox"/> Yes <input type="checkbox"/> No	Weed Eater <input type="checkbox"/> Yes <input type="checkbox"/> No

Date available:	Starting Salary Desired:	
In case of emergency, notify:		
Name	Address	Phone

If applying for a position that will require driving a county vehicle, insurability is a requisite for hire. If you should become uninsurable after hire, you will be subject to immediate termination.

Any applicant tentatively selected for any position will be required to submit to testing to screen for illegal drug and/or alcohol use prior to employment.

PRE-EMPLOYMENT STATEMENT

I authorize WILSON COUNTY to make any inquiries they desire regarding my education, employment, ability, habits and personal character for the purpose of determining my fitness for employment. I also authorize previous employers, or any other persons to whom the County may refer, to give any and all information regarding my employment or scholastic record together with any information, personal or otherwise, and I hereby release such persons, and any companies which they represent, from all liability or any damages whatsoever in connection with their compliance. I understand that misrepresentation or omission of any fact or circumstance called for in this application which would affect my application unfavorably, or receipt of unsatisfactory references, will be sufficient cause for termination without liability to me for salary except as may have been earned at the time of my termination.

Date _____ Signature _____