EQUAL OPPORTUNITY EMPLOYER APPLICATION FOR CRITTENDEN COUNTY EMPLOYMENT

Date of Application

Last Name	First Name	Middle Na	me		Social Security Number
Street Address (In	nclude City, State and Zip	Code)		Pł	none (Including Area Code)
Have you worked	for a county or municipa	•	cle One) No	Where	When
Position/general v	work area for which you a	are applying:			
Rate of Pay Expec	ted	Date you o	an start w	ork	
	ll Time Part Time	Temporary			
List friends/relativ	ves employed for the cou	nty:			
Why do you want	to work for the county?				
EDUCATION					
School High School	Name	Location		Course	Degree
College Or University					
Graduate Study					
Technical					
Business					
Other					
If you have any sp	pecial skills or qualificatio	ns that you want us	to know a	bout, pleas	e describe them here:
U.S. MILITARY RE Have you served i	CORD: n the United States Arme	ed Forces?	(Circl Yes	e One) No	
Have you ever been convicted of a felony? If yes, Please explain:				e One) No	

EMPLOYMENT BACKGROUND

Start with present or most recent job and work backwards. Omit Military Service. Please list each employer for the past 10 years. Attach additional sheet if necessary.

ob 1					
Firm Name					
Address					
Type of Business				Employed from	to
Annual Salary – Starting			Ending		
Phone #		Job title	<u> </u>		
Describe your duties:					
mmediate Supervisor				Reason for Leaving	
May We Contact?	(Circle One)	Yes	No		
ob 2					
-irm Name					
Address					
Type of Business				Employed from	to
Annual Salary – Starting_			Ending		
Phone #		Job title	<u></u>		
Describe your duties:					
mmediate Supervisor					
May We Contact?	(Circle One)	Yes	No		
lob 3					
Firm Name					
Address					
Type of Business				Employed from	to
Annual Salary – Starting			Ending		
Phone #			2		
Describe your duties:					
mmediate Supervisor				Reason for Leaving	
May We Contact?	(Circle One)	Yes	No		
lob 4					
Firm Name					
Address					
Type of Business				Employed from	to
Annual Salary – Starting			Ending		
Phone #					
Describe your duties:					_
mmediate Supervisor				Reason for Leaving	
May We Contact?	(Circle One)	Yes	No	<u> </u>	
	. ,			ORE SIGNING THIS APPLICA	

Signature of Applicant _____ Date _____

manual or other communications distributed by the county.

history, my academic credentials or qualifications, and my suitability for employment with the county. I understand that any false or misleading statements will be sufficient cause for rejection of my application if the county has not employed me and for immediate dismissal if the county has employed me. In the event of my employment with the county, I will comply with all official policies of the county set forth in any county policy