MORGAN COUNTY

APPLICATION FOR EMPLOYMENT

Title of Position_____

Name: _____ _____ _____

Last First Middle

Address: _____ _____ _____ _____

Address City State Zip Code

Phone: _____ _____ _____

Home Cell Email Address

	Yes	No		Yes	No
Are you over the age of 18?	☐	☐	Are you currently on lay-off status? And subject to recall	☐	☐
Have you ever been employed by us, if so give Date_____	☐	☐	Have you ever been discharged or forced to resign?	☐	☐
Do you have any relatives Employed by Morgan County	☐	☐	Date you will be available for work_____		
If so, give name and dept. where they are employed_____					
May we contact your present Employer?	☐	☐	Have you ever been convicted of a felony	☐	☐
Are you available full-time	☐	☐	If so, explain: _____		

Is there any additional information we will need to perform a background check? (Change of name, assumed name, nickname,

_____

_____

References: List three (3) reliable persons, not relatives, that can give information about you as an employee

Name	Complete Address/Phone Number	Occupation

Education:

	Yes	No		Yes	No		Yes	No
High School Diploma	☐	☐	GED Certificate	☐	☐	CDL License	☐	☐

Highest Grade Completed_____ GED Certificate Number_____ CDL Class _____

Name and Location of High School_____ Driver's License # _____ State ___

Name/Location of College or Tech. School	Completed Hours Semester	Did you Graduate Yes No	Type of Degree Received	Major/Minor
Professional or Technical Cert. or License				

WORK HISTORY

Instructions: Please read carefully. In the areas below, please list all of your work experience, beginning with your most recent job. Military work should also be included here. Please do not use abbreviations, initials or military jargon when stating your experience. **If more space is needed, please attach extra copies of this page to your application.** List any changes in job title separately, even if your employer did not change. It is very important that you provide accurate information about each employer, your job duties and accurate dates of employment. We will not consider job experience that does not contain the required information.

Name of employer: _____

Address: _____

Telephone Number: _____

Supervisor:_____

Exact Job Title: _____

Job Duties: _____

_____

Dates employed (MM / YY)

From: / **To:** /

Salary or earnings:
Starting Pay: _____
Ending Pay: _____

Reason for leaving:
_____
_____
_____
_____
_____

Name of employer: _____

Address: _____

Telephone Number: _____

Supervisor:_____

Exact Job Title: _____

Job Duties: _____

_____

Dates employed (MM / YY)

From: / To: /

Salary or earnings:
Starting Pay: _____
Ending Pay: _____

Reason for leaving:
_____
_____
_____
_____
_____

Name of employer: _____

Address: _____

Telephone Number: _____

Supervisor:_____

Exact Job Title: _____

Job Duties: _____

_____

Dates employed (MM / YY)

From: / To: /

Salary or earnings:
Starting Pay: _____
Ending Pay: _____

Reason for leaving:
_____
_____
_____
_____
_____

Please list any employers you do not want contacted and the reason why: _____

Additional Applicant Comments: _____

_____

_____

_____

Discrimination against any person in recruitment, examination, appointment, training, promotion, retention, discipline, or any other aspect of personnel administration, because of political or religious opinions or affiliations or because of race, national origin, genetic information, or any other non-merit factors is prohibited. Discrimination on the basis of age or sex or physical disability is prohibited except where specific age, sex, or physical requirements constitute a bona fide occupational qualification necessary to proper and efficient administration.

I affirm that the information provided by me in this Application for Employment is true, correct and complete. I also agree that any misstatement or omission of facts that is deemed significant by the Human Resources Department will disqualify me for this position, or may qualify for dismissal if employment has begun.

I understand that after a job offer is extended, but prior to beginning work, I may be required to undergo a pre-employment drug screening and physical examination.

I waive my Privacy Rights as to the above listed employers and references and understand that I may be subject to, depending on the position applied for, a background check of my motor vehicle record, credit or criminal and civil history along with prior work history and personal references. No offer of employment creates a contractual agreement between me and Morgan County.

_____ _____

Signature Date

MORGAN COUNTY SUPPLEMENTAL APPLICATION DATA FORM

TO THE APPLICANT: The Civil Rights Act of 1964, as amended, prohibits discrimination in employment because of race, color, religion, sex or national origin. The Age of Discrimination in Employment Act (ADEA), as amended, prohibits discrimination because of age with respect to individuals who are at least 40 years of age. The information requested below, if provided, is used solely for Equal Opportunity reporting, personnel research, and for bona fide occupational qualifications or other legally permissible reasons, and will be kept in **CONFIDENTIAL FILE** separate from the application for employment. Completion of this form is voluntary and will not affect your employment opportunity.

_____

TITLE OF POSITION

NAME: _____

LAST FIRST MIDDLE

DATE OF BIRTH _____

( ) Male ( ) Female Citizen of the USA or alien authorized to work in USA ( ) Yes ( ) No

Racial or ethnic group (check one):

( ) White ( ) Black ( ) Hispanic ( ) Asian/Pacific Islander ( ) American Indian

THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT A DIGITAL SIGNATURE

WHICH IS LOCATED AT THE BOTTOM OF PAGE 3

SUBMIT