

# WARREN COUNTY APPLICATION FOR EMPLOYMENT

## “AN EQUAL OPPORTUNITY EMPLOYER”

**POSITION APPLIED FOR:** \_\_\_\_\_

On what basis are you available for employment? Full Time \_\_\_\_\_ or Part time \_\_\_\_\_

How did you learn about the position? \_\_\_\_\_  
(Newspaper, radio, friend, walk in, ect.)

- PLEASE FOLLOW THESE GENERAL INSTRUCTIONS**
1. Read the position description and be sure you meet the “QUALIFICATIONS” listed.
  2. Answer all questions and complete all spaces on this application.
  3. Submit all transcripts, and documents at time of application.
  4. A completed EQUAL EMPLOYMENT OPPORTUNITY SURVEY form should accompany this application.

PRINT OR TYPE

Social Security Number \_ \_ \_ - \_ \_ - \_ \_ \_ \_

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name or Initial \_\_\_\_\_

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Address (Number and Street) \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

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State \_\_\_\_\_ Zip \_\_\_\_\_ Phone number \_\_\_\_\_

Name and phone number of person who will know where you may be contacted \_\_\_\_\_

Are you at least eighteen years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

<p><b>VETERAN’S PREFERENCE</b></p> <p>Are you a U.S. Veteran? Yes _____ No _____</p> <p>Dates of active duty _____ From to (mo, day, yr.)</p> <p>Are you a member of the reserves or National Guard? Yes _____ No _____</p> <p>Those wishing to claim veteran’s preference MUST SUBMIT PROOF OF SERVICE (DD 214) which includes dates of Active duty!</p>	<p>Have you ever filed an application with the Employer? Yes _____ No _____ Date _____</p> <p>Have you ever been employed by the Employer? Yes _____ No _____</p> <p><b>(Mandatory for Law Enforcement or Firefighter Applicants Only) Date of Birth</b> ___/___/___</p> <p>Can you, after an offer of employment, submit verification of your legal right to work in the United States? Yes _____ No _____</p> <p>Proof of citizenship or immigration status will be required upon Employment.</p>
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Have you ever been discharged or asked to resign from employment? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime other than minor traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you object to inquiry of your present employer in regard to your character, work record, qualifications? Or abilities? Yes \_\_\_\_\_ No \_\_\_\_\_ Other information \_\_\_\_\_

**IF YOU ANSWER “YES” AND WE NEED TO CONTACT YOUR PRESENT EMPLOYER BEFORE WE CAN OFFER YOU A JOB, WE WILL CONTACT YOU FIRST.**

Is there any reason why you would be unable to perform the essential functions of the job for which you are applying? \_\_\_\_\_ if yes, please explain. \_\_\_\_\_

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Has your driver’s license been suspended or revoked during the past year? \_\_\_\_\_ If yes please explain \_\_\_\_\_

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Have you been convicted or have you pled guilty to two or more moving traffic violations the past two years? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

**IF YOU HAVE ANSWERED “YES” TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE PARTICULARS ON SEPARATE SHEET. A YES ANSWER DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT.**

## EMPLOYMENT RECORD

List below, in reverse order the positions you have held starting with our present or most recent employment. If more than one position or classification has been held within a given organization, list each position or classification as a separate period of employment. Be sure to specifically describe each separate assignment in military service. Under "Specific Duties" emphasize your own specific tasks including kind of work and supervisory, technical or other responsibilities so as to give a clear picture of the duties you have performed. If employment included supervisory responsibilities, give number and type of employees supervised. Give as completed information as possible. If you have more than six (6) separate periods of employment, fill out blank sheet in the same form as that outlined below and attach. **NOTE: Resumes will not be accepted in lieu of completion of this part, or any part, or this application.**

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1. Present or last employer \_\_\_\_\_ Date Employed \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date Separated \_\_\_\_\_  
Phone \_\_\_\_\_ Total Months Employed \_\_\_\_\_  
Supervisor \_\_\_\_\_ Department \_\_\_\_\_ Full time? Yes \_\_\_\_\_ No \_\_\_\_\_  
Your Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Per \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ Per \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Specific Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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2. Present or last employer \_\_\_\_\_ Date Employed \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date Separated \_\_\_\_\_  
Phone \_\_\_\_\_ Total Months Employed \_\_\_\_\_  
Supervisor \_\_\_\_\_ Department \_\_\_\_\_ Full time? Yes \_\_\_\_\_ No \_\_\_\_\_  
Your Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Per \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ Per \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Specific Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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3. Present or last employer \_\_\_\_\_ Date Employed \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date Separated \_\_\_\_\_  
Phone \_\_\_\_\_ Total Months Employed \_\_\_\_\_  
Supervisor \_\_\_\_\_ Department \_\_\_\_\_ Full time? Yes \_\_\_\_\_ No \_\_\_\_\_  
Your Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Per \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ Per \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Specific Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**(Employment Record Continued on Page 3)**

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Do you possess a valid Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_ Can you type? Yes \_\_\_\_\_ No \_\_\_\_\_ Speed \_\_\_\_\_  
Do you possess a valid Commercial Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what state? \_\_\_\_\_  
List any motorized equipment you can operate: \_\_\_\_\_  
\_\_\_\_\_  
List any office machines you can operate: \_\_\_\_\_

4. Present or last employer \_\_\_\_\_ Date Employed \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date Separated \_\_\_\_\_  
Phone \_\_\_\_\_ Total Months Employed \_\_\_\_\_  
Supervisor \_\_\_\_\_ Department \_\_\_\_\_ Full time? Yes \_\_\_\_\_ No \_\_\_\_\_  
Your Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Per \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ Per \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Specific Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Present or last employer \_\_\_\_\_ Date Employed \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date Separated \_\_\_\_\_  
Phone \_\_\_\_\_ Total Months Employed \_\_\_\_\_  
Supervisor \_\_\_\_\_ Department \_\_\_\_\_ Full time? Yes \_\_\_\_\_ No \_\_\_\_\_  
Your Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Per \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ Per \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Specific Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Present or last employer \_\_\_\_\_ Date Employed \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date Separated \_\_\_\_\_  
Phone \_\_\_\_\_ Total Months Employed \_\_\_\_\_  
Supervisor \_\_\_\_\_ Department \_\_\_\_\_ Full time? Yes \_\_\_\_\_ No \_\_\_\_\_  
Your Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Per \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ Per \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Specific Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any in-service training or instruction courses or programs you have completed with the above listed employers. \_\_\_\_\_

If a license, certification, or other authorization to practice a trade or profession is required for the position for which you are applying, please submit a copy of these appropriate documents.

**FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

Application Received \_\_\_\_\_  
Application Reviewed by \_\_\_\_\_  
Application meets or exceeds minimum qualifications for position Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, explain deficiencies below \_\_\_\_\_

Physical Date and Time \_\_\_\_\_ Application Returned \_\_\_\_\_  
Name and trade or profession \_\_\_\_\_ License Number \_\_\_\_\_  
Granted by \_\_\_\_\_ City and State of \_\_\_\_\_





