


**LIMESTONE COUNTY
APPLICATION FOR EMPLOYMENT**

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

PRINT IN BLUE OR BLACK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely: If questions are not applicable, enter "NA". Do not leave questions blank. Resumes will be accepted for whatever additional information they contain, but not in place of a completed application. Be sure to sign the application when it is complete.

NAME: _____ Social Security No. _____
Last First Middle Driver's License _____ 
(State) (Number)

ADDRESS: Current _____
Street City State Zip Phone
Permanent _____
Street City State Zip Phone

Type of position desired _____
Salary expected \$ _____ Full-Time _____ Part-Time _____ Seasonal _____ Date available to work _____
Are you willing to work hours other than 8-5? YES _____ NO _____ If yes, when _____

Have you ever been convicted by federal, state or any other law enforcement authorities for a violation of any federal, state, county or municipal law, regulation or ordinance? Do not include anything that happened before your 14th birthday.
YES _____ NO _____ If yes, describe _____

EDUCATION:
Elementary or high school grade completed (circle) 1 2 3 4 5 6 7 8 9 10 11 12 (NOTE: TRANSCRIPTS MAY BE REQUIRED FOR VERIFICATION OF EDUCATION)
Did you graduate or achieve a GED? YES _____ NO _____ Please indicate which: _____

NAME & LOCATION OF SCHOOL	DATES ATTENDED	NO. OF HOURS	DID YOU GRADUATE?

What type of field did you study? _____
What diploma or degree did you receive? _____
Current Licenses/Certifications/Registrations (indicate types & dates received): _____

Special Skills/Qualification: List all computer, printer & scanner usage skills and computer programs you are proficient in (include knowledge of Word, Excel and PDF documents), etc: _____

Approximate Words per Minute in Typing: _____ Dictation _____
Foreign Languages (list):
Language _____ Speak _____ Read _____ Write _____
Fair ___ Good ___ Excellent ___ Fair ___ Good ___ Excellent ___ Fair ___ Good ___ Excellent ___
Fair ___ Good ___ Excellent ___ Fair ___ Good ___ Excellent ___

MILITARY SERVICE: (Active Duty) Branch _____ Dates: from _____ to _____
Are you in the Active Reserve? YES _____ NO _____

*****NOTE: A CERTIFIED COPY OF A REPORT OF SEPARATION FROM THE ARMED FORCES MAY BE REQUIRED*****

EMPLOYMENT RECORD: Please indicate at least the last 10 years of employment. Start with present or most recent position and work back, include military service, use additional sheets if necessary.

EMPLOYER: _____ TYPE OF BUSINESS: _____ FULL-TIME: ___
MAILING ADDRESS: _____ PART-TIME: ___
CITY & STATE: _____ SEASONAL: ___
STARTING DATE: _____ ENDING DATE: _____ STARTING SALARY: _____ ENDING SALARY: _____
STARTING POSITION: _____ ENDING POSITION: _____ SUPERVISOR: _____
DUTIES: _____
REASON FOR LEAVING: _____

EMPLOYER: _____ TYPE OF BUSINESS: _____ FULL-TIME: ___
MAILING ADDRESS: _____ PART-TIME: ___
CITY & STATE: _____ SEASONAL: ___
STARTING DATE: _____ ENDING DATE: _____ STARTING SALARY: _____ ENDING SALARY: _____
STARTING POSITION: _____ ENDING POSITION: _____ SUPERVISOR: _____
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EMPLOYER: _____ TYPE OF BUSINESS: _____ FULL-TIME: ___
MAILING ADDRESS: _____ PART-TIME: ___
CITY & STATE: _____ SEASONAL: ___
STARTING DATE: _____ ENDING DATE: _____ STARTING SALARY: _____ ENDING SALARY: _____
STARTING POSITION: _____ ENDING POSITION: _____ SUPERVISOR: _____
DUTIES: _____
REASON FOR LEAVING: _____

If you are not 18 years of age, when will you reach 18? _____

Do you have any relatives working for Limestone County? _____ If yes, list name, relationship and place employed:

Have you ever been discharged or asked to resign because of unsatisfactory conduct or performance of duties? YES ___ NO ___
If yes, explain: _____

I hereby certify that the foregoing statements as well as those on any attachment(s) to this form are to the best of my knowledge, true and correct, and that they are given of my own free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute grounds for unfavorable consideration or dismissal from employment. All offers of employment are conditioned on the results of a pre-employment medical examination to determine if there is anything in an applicant's current physical status or medical history that would present a contradiction to employment in the position for which considered. I understand that if employed I will serve an initial probationary period during which I may be separated from employment as unsuited to the assigned position.

You may contact:
Present Employer? Yes ___ No ___
Former Employer(s)? Yes ___ No ___

Applicant's Signature

Date

PERSONAL REFERENCES: Please indicate at least 3 VERIFIABLE Personal References.

Name: _____ Title (if any): _____

Name of Business: _____

Address: _____ Phone No. _____

Name: _____ Title (if any): _____

Name of Business: _____

Address: _____ Phone No. _____

Name: _____ Title (if any): _____

Name of Business: _____

Address: _____ Phone No. _____

Name: _____ Title (if any): _____

Name of Business: _____

Address: _____ Phone No. _____

Name: _____ Title (if any): _____

Name of Business: _____

Address: _____ Phone No. _____