## **Scurry County**

## **Application for Employment**

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date	_		
Last name		First name	Middle name
Street Address			
City	State _	ZIP	
Telephone		Social Security #	
Are you a U.S. citizer may be required to pr			J.S. on an unrestricted basis? (You
Are you looking for f	ull-time employm	ent? ☐ Yes ☐ No	
If no, what hours are	you available?		
Have you ever been c □ Yes □ No	onvicted of a felo	ny? (This will not neces	ssarily affect your application.)
If yes, please describe	conditions.		
<b>Employment Desire</b>	ì		
Position applied for _			
How did you hear of	his opening?		
Have you ever applied	d for employment	here? ☐ Yes ☐ No	
When?			
Have you ever been e	mployed by this c	ompany? 🗆 Yes 🕒 N	0
Are you presently em	ployed? 🗖 Yes 🏻	<b>□</b> No	
May we contact your	present employer	? □ Yes □ No	

Are you available for ful	ll-time work?	No		
Are you available for par	rt-time work? ☐ Yes ☐ N	О		
Will you relocate?   Y	es □ No			
Are you willing to travel	? • Yes • No If yes, w	hat percent?		
Date you can start				
Desired position				
Desired starting salary_				
Please list applicable ski	lls			
Education				
	ame and Location	Year	Major	Degree
High School				· ·
	history, are there are other		or experien	ce that we
Employment History	(Start with most reco	ent employer)		
Company Name				
Address		Telephone		
Date Started	Starting Wage	Starting Posi	tion	
Date Ended	Ending Wage	Ending Positi	on	
Name of Supervisor				
Name of Supervisor $\_$ May we contact? $\square$ Yes				

Company Name			
Address		Telephone	
Date Started	Starting Wage	Starting Position	
Date Ended	Ending Wage	Ending Position	
Name of Supervisor			
May we contact? ☐ Yes	s 🖵 No		
Responsibilities			
Reason for leaving			
Company Name			
Address		Telephone	
Date Started	Starting Wage	Starting Position	
Date Ended	Ending Wage	Ending Position	
Name of Supervisor			
May we contact? ☐ Yes	s 🗖 No		
Responsibilities			
Reason for leaving			
Company Name			
Address		Telephone	
Date Started	Starting Wage	Starting Position	
Date Ended	Ending Wage	Ending Position	
Name of Supervisor			
May we contact? ☐ Yes	s 🗖 No		
Responsibilities			
Reason for leaving			

References		
List three personal refere	ences, not related to you, who have ki	nown you for more than one year.
Name	Phone	Years Known
Address		
Name	Phone	Years Known
Address		
Name	Phone	Years Known
Address		
Please Read Before Sig		
Please Read Before Sig	ning:	
•	tion provided by me on this application at I have withheld nothing that, if disc	<u>*</u>
information regarding en previous employers will withdrawn, or employment made by myself on this	employers, schools, or persons listed imployment or educational record. I ag not be held liable in any respect if a just is terminated because of false state application. In the event of any employed regulations as set by the company in	gree that this company and my job offer is not extended, or is ements, omissions, or answers byment with this company, I will
	mmigration Reform and Control Act oved documentation to the company	

United States on the first day of employment. I have received from the company a list of the

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby

Signature \_\_\_\_\_ Date\_\_\_\_\_

acknowledge that I have read and understand the above statements.

approved documents that are required.