

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

St. Francois County Employment Application Form



St. Francois County does not discriminate against applicants on the basis of race, color, religion, gender, national origin, ancestry, disability, age or any other characteristic protected by law. St. Francois County is an Equal Opportunity Employer.

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's License # _____ State of Issue _____ Operator Commercial (CDL) Chauffeur

Expiration Date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How many? _____

OFFICE ONLY

Typing Yes No _____ WPM 10-Key Yes No Word Processing Yes No _____ WPM

Personal Computer Yes No _____ PC _____ Mac Other Skills _____

Please list two references other than relatives or previous employers.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone _____ Telephone _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No
Specialty _____ Date Entered _____ Discharge Date _____

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of Employer _____ Name of Last Supervisor _____
Address _____ Employment Dates: From _____ To _____
City, State, Zip Code _____ Pay or Salary: Start _____ Final _____
Phone Number _____ Your last job title _____
Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Did you complete this application yourself? Yes No

If not, who did? _____

Please read the following statements carefully and indicate your understanding and acceptance by signing in the space provided.

1. I certify that all information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof authorization to work in the United States.
3. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.
4. I understand that disclosure of my Social Security Number (SSN) is optional. The organization to which I am applying may use the SSN for administrative tracking purposes and for identification of individuals. This is in accordance with the Federal Law U.S.C. 552a Section 7(b).
5. I understand that if hired, a pre-employment drug screening and background check may be required.
6. I understand that Missouri law provides that employees of counties are employed "at will", and employment lasts only as long as the employer (county) desires. No reason is required to terminate the employment relationship.

Applicant Signature _____ Date _____