## FREESTONE COUNTY EMPLOYMENT APPLICATION

Equal Opportunity Employer M/F/D/V.

The Age Discrimination in Employment Act of 1967 forbids discrimination against persons over the age of 40.

YOU MUST ANSWER ALL QUESTIONS TO BE CONSIDERED FOR A POSITIO	ЗN
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Name	Date		Social S	Social Security Number		
Street Address	Phone	No	Positio	n Desired		
City, State, and Zip Code	Filone	NU.	FOSILIOI	Desireu		
All applicants for employment must be at least 18 and 2	21 if applying for a	Deputy sheriff pos	sition.			
Can you submit proof of age after employment?	YES		NO			
Has bond ever been refused?	YES		NO			
Have you ever been convicted of a felony?	YES		NO			
If yes, please give details:						
Are you legally eligible to work in the U.S.?	YES		NO			
(Verification will be required upon hire)						
Are you related by blood or marriage to any FREESTONE County employee/official?						
If yes, state name and relationship:						
REFERRED BY:						
Driver's License Number (if job applying for requires it) :						
EDUCATION INFORMATION						
Name and Location	Major Subject	No. of Years	Graduated?	Major Subjects		

Name and Location	Major Subject	No. of Years	Graduated?	Major Subjects
of School		Completed	Degree?	
High School				
College				
College				
Graduate School				
Other				
(Trade,Business,Professional School)				

Describe any Honors or Awards
Other course work applicable to this type of work.
Extracurricular activities related to the type of position for which you are applying.

U. S. MILITARY SERVICE				
No. of Years Served	Branch of Service	Rank at Discharge	Duties	
Are you a member of the National Guard or Reserve?			YES	NO
Do you anticipate any active duty including reserve training in the future?			YES	NO

PREVIOUS EMPLOYMENT					
(1) Present or Last Employer			Phone Number		
Address		Date Started	Date Left		
Immediate Supervisor		Their Title	Your Title		
Annual Salary at Start		Annual Salary on Leaving	Reason for Leaving		
You duties					
(2) Previous Employer			Phone Number		
Address		Date Started	Date Left		
Immediate Supervisor		Their Title	Your Title		
Annual Salary at Start		Annual Salary on Leaving	Reason for Leaving		
You duties					
(3) Previous Employer			Phone Number		
Address		Date Started	Date Left		
Immediate Supervisor		Their Title	Your Title		
Annual Salary at Start		Annual Salary on Leaving	Reason for Leaving		
You duties					
LICENSES/ EQUIPMENT/ MACHINES OPERATED					
PLEASE IDENTIFY BY TYPE/MO	DEL				
Typewriter		Calculator			
Computer		Typing (Include WPM)			
Transcriber					
Date available	Starting Salary Desired Have yo	u applied before? If yes, when?			
In case of emergency, notify:	Address		Phone		
<u>-</u>		NT STATEMENT			

I authorize Freestone County to make any inquiries they desire regarding my education, employment, ability, habits, and personal character for the purpose of determining my fitness for employment. I also authorize previous employers or any other persons to whom the county may refer to give any and all information regarding my employment or scholastic record together with any information personal or otherwise and I hereby release such persons and any companies which they represent from all liability or ravy damages whatsoever in connection with their compliance. I understand hat misrepresentation or omission of any fact or circumstance called for in this application which would affect my application unfavorably or receipt of unsatisfactory references will be sufficient cause for termination without liability. This application is not an employment contract and is not intended to create contractual obligations of any kind. Neither the county nor its employees are bound to continue the employment relationship if either chooses at its will to end the relationship at any time. All employment is at will and the relationship cannot be modified unless in writing.

## **APPLICANT'S SIGNATURE**