

APPLICATION FOR EMPLOYMENT

Warren County, Missouri

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, handicap or other status protected by law.

Answer all questions. Please print.

Date of application _____

SECTION I

GENERAL INFORMATION (to be completed by ALL applicants)

Position(s) Applied for: _____

Type of Position: Full time _____ Part time _____ If part time, hours _____

Date available for employment _____ Length of notice required _____

Name _____
Last First Middle

Address _____
Street Address City State Zip

Phone _____ Best time to call _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

Rate of pay expected? _____ Who referred you? _____

Have you worked for this or any other County or public employer before? _____

If so, provide additional information:

Where _____

Dates employed: From _____ To _____ Rate of Pay _____

Reason for leaving _____

What experience, training, or education have you had which will help you in the position(s) for which you are applying? _____

List special equipment or other technical expertise you may have. _____

Have you ever pled guilty or 'no contest' to a crime or been convicted of a crime? _____

If yes, please give date and details of each: _____

Have you ever been terminated or asked to resign from any job? _____

If yes, please describe the circumstances: _____

Are you prevented from lawfully becoming employed in the United States due to your visa or immigration status? _____

Can you provide documented proof of your eligibility for employment in the United States? _____

SECTION II EDUCATION (to be completed by ALL applicants)

Circle Highest Grade Completed:

1 2 3 4 5 6 7 8 High School: 1 2 3 4

College Education? _____ If so, number of years completed? _____

Last School Attended: _____
Name City/State

Describe course of study: _____

Any other type of post-secondary education or training? _____ If so, number of years? _____

Where? _____
Name City/State

ADDITIONAL INFORMATION (to be completed by ALL applicants)

Why do you want to become an employee of Warren County? _____

State any additional information you feel may be helpful to us in considering your application. _____

Summarize special job-related skills and/or qualifications from previous employment or other experience.

SECTION III**EMPLOYMENT HISTORY (to be completed by applicants for non-driving positions)**

This section is for non-driving positions only. If you are applying for a position in which you may drive, please skip this section and move on to Section IV.

List employers in reverse order, starting with the most recent.

EMPLOYER DETAILS	POSITION HELD/JOB TITLE	
NAME		
ADDRESS		
CITY/STATE/ZIP		
PHONE #	FROM	TO
SUPERVISOR NAME/TITLE		
REASON FOR LEAVING		

EMPLOYER DETAILS	POSITION HELD/JOB TITLE	
NAME		
ADDRESS		
CITY/STATE/ZIP		
PHONE #	FROM	TO
SUPERVISOR NAME/TITLE		
REASON FOR LEAVING		

EMPLOYER DETAILS	POSITION HELD/JOB TITLE	
NAME		
ADDRESS		
CITY/STATE/ZIP		
PHONE #	FROM	TO
SUPERVISOR NAME/TITLE		
REASON FOR LEAVING		

EMPLOYER DETAILS	POSITION HELD/JOB TITLE	
NAME		
ADDRESS		
CITY/STATE/ZIP		
PHONE #	FROM	TO
SUPERVISOR NAME/TITLE		
REASON FOR LEAVING		

SECTION IV

EMPLOYMENT HISTORY FOR DRIVING POSITION APPLICANTS ONLY

Can you legally obtain/maintain a drivers license issued by the state of Missouri? _____

This section must be fully completed by all applicants for driving positions. All driver applicants must provide the following information on all employers during the preceding 3 years.

List employers in reverse order, starting with the most recent.

EMPLOYER DETAILS		POSITION HELD/JOB TITLE	
NAME		DATES EMPLOYED FROM TO	
ADDRESS			
CITY/STATE/ZIP			
PHONE #			
SUPERVISOR NAME/TITLE			
REASON FOR LEAVING			

EMPLOYER DETAILS		POSITION HELD/JOB TITLE	
NAME		DATES EMPLOYED FROM TO	
ADDRESS			
CITY/STATE/ZIP			
PHONE #			
SUPERVISOR NAME/TITLE			
REASON FOR LEAVING			

EMPLOYER DETAILS		POSITION HELD/JOB TITLE	
NAME		DATES EMPLOYED FROM TO	
ADDRESS			
CITY/STATE/ZIP			
PHONE #			
SUPERVISOR NAME/TITLE			
REASON FOR LEAVING			

EMPLOYER DETAILS		POSITION HELD/JOB TITLE	
NAME		DATES EMPLOYED FROM TO	
ADDRESS			
CITY/STATE/ZIP			
PHONE #			
SUPERVISOR NAME/TITLE			
REASON FOR LEAVING			

SECTION IV CONTINUED

EMPLOYMENT HISTORY FOR DRIVING POSITION APPLICANTS ONLY

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE, IN REVERSE ORDER, STARTING WITH MOST RECENT.
ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED.

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC.)	FATALITIES	INJURIES
MOST RECENT ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS OR MORE (OTHER THAN PARKING VIOLATIONS).
LIST IN REVERSE ORDER, STARTING WITH MOST RECENT. ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED.

DATES	LOCATION	CHARGE	PENALTY
MOST RECENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

DRIVER EXPERIENCE AND QUALIFICATIONS ~~~~~ LIST DETAILS OF YOUR DRIVER LICENSES.

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
MOST RECENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? _____
 HAS ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? _____
 IF THE ANSWER TO EITHER OF THE ABOVE IS YES, ATTACH A STATEMENT GIVING DETAILS.

DRIVING EXPERIENCE	TYPE OF EQUIPMENT	DATES		APPROX NUMBER OF
CLASS OF EQUIPMENT	(VAN, GRADER, FLAT, ETC)	FROM	TO	TOTAL MILES
STRAIGHT TRUCK				
TRACTOR/SEMI-TRAILER				
TRACTOR/TWO TRAILERS				
OTHER				

SECTION IV CONTINUED

EMPLOYMENT HISTORY FOR DRIVING POSITION APPLICANTS ONLY

LIST STATES OPERATED IN WITHIN THE LAST FIVE YEARS: _____

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

LIST SAFE DRIVING AWARDS YOU HOLD AND FROM WHOM THEY WERE RECEIVED: _____

LIST ANY TRUCKING, TRANSPORTATION, OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THE COUNTY: _____

SECTION V

REFERENCES (to be completed by ALL applicants)

List four (4) references including name, address, and phone number.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

SECTION VI

TO BE READ AND SIGNED BY APPLICANT (to be completed by ALL applicants)

This certifies that all entries on this application and information in it are true, accurate and complete.

I authorize you to make such investigations and inquiries of my employment history (when appropriate) and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Warren County, as permitted by law.

Date

Applicant's Signature

I understand that Warren County maintains a Substance Abuse Policy and that I must comply with the Policy as a condition of employment with the County. I agree that I will at all times comply with Warren County's Substance Abuse Policy, which I understand may include pre-employment and employment testing for drug or alcohol usage, as set forth more fully in Warren County's Substance Abuse Policy.

Date

Applicant's Signature

I understand that all employees of Warren County are employees at will and that as such, my employment, if hired, can be terminated at any time, with or without cause.

Date

Applicant's Signature