

DATE: _____

SEBASTIAN COUNTY
APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer
(PLEASE PRINT PLAINLY IN INK)

FOR OFFICE USE ONLY

1st Day Worked _____

Position/Location _____

Salary \$ _____

Name _____ Social Security No. _____
Last First Middle

Present Address _____ Telephone _____
No. Street City State Zip

From what source did you learn of this position? _____ Do you have transportation? Yes ___ No ___
Are you 18 years of age or older? Yes ___ No ___ If no, state your age _____

Have you ever been convicted of any law violation other than a minor traffic violation? Yes ___ No ___
(If yes, give details if convicted) _____

What Position are you applying for? _____ Second Choice _____

What is the lowest salary acceptable to you? _____ When can you start? _____

Are you applying for temporary or part time employment? Yes ___ No ___ (If part time specify days and hours) _____

Have you ever been employed by Sebastian County? Yes ___ No ___
(If yes, give the date(s) and department) _____

Have you ever been bonded? Yes ___ No ___ (If yes, on what jobs?) _____

List any relatives working for Sebastian County. _____

Were you in U.S. Armed Forces? Yes ___ No ___

If yes, what Branch? _____

Dates of duty: From: _____ To _____ Rank at discharge: _____
Month/Day/Year Month/Day/Year

List duties in the service including special training: _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Circle Last Yr. Completed	Did you Graduate?	List Diploma or Degree
Elementary:	_____	5 6 7 8	Yes ___ No ___
High	_____		1 2 3 4	Yes ___ No ___	
College	_____		1 2 3 4	Yes ___ No ___	
Other (Specify)	_____		1 2 3 4	Yes ___ No ___	

RECORD OF EMPLOYMENT

List Below all present and past employment, beginning with your most recent.

Employer _____ Address _____ City and State _____ Supervisor _____ Position _____ DUTIES _____	<input type="checkbox"/> Employment Period From _____ To _____ <input type="checkbox"/> Total Months _____	<input type="checkbox"/> Salary Per Month Highest \$ _____ Lowest \$ _____ <input type="checkbox"/> FullTime() PT()	<input type="checkbox"/> REASON FOR LEAVING (Be Specific) _____ _____ _____
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Typing _____ WPM Shorthand _____ WPM Other Business Machines _____
 Other Training or Skills _____

PERSONAL REFERENCES

NAME AND OCCUPATION	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the information contained in this application is correct and complete to the best of my knowledge. I understand that knowingly making false statements in this application may be cause for dismissal after employment. I fully understand that if this application results in employment, my becoming an employee with full status will be subject to satisfactory completion of a one year probationary period.

PERSONNEL DEPARTMENT

APPLICANTS SIGNATURE

DATE

EMPLOYMENT REFERENCE CONSENT AND RELEASE

APPLICANT NAME: _____ SSN: _____

I, _____, HEREBY GIVE CONSENT TO ANY AND ALL PRIOR EMPLOYERS OF MINE, OR MY CURRENT EMPLOYER, TO PROVIDE THE INFORMATION BELOW REGARDING MY EMPLOYMENT WITH THE PRIOR OR CURRENT EMPLOYERS TO SEBASTIAN COUNTY.

This consent is valid for a period of six (6) months from the date indicated below. A copy of this form shall serve as an original.

Signature of Applicant: _____ Date: _____

Instructions to Current/Former Employer

The individual named above has applied for employment with Sebastian County. Please respond candidly to the requests for information listed below and return your written responses via either facsimile or U.S. Mail. This Consent and Release is intended to comply with Arkansas Act 1474 of 1999, an Act to provide current and former business employers with protection for providing job information about current or former employees to prospective employers.

PLEASE RETURN THE INFORMATION TO:

**Steve Hotz, Sebastian County Human Resource Director
County Court House
35 South 6th Street, Room G-5
Fort Smith, AR 72901
Phone: 479-441-1320 Fax: 479-441-1321**

Date and duration of employment: _____

Current or last rate of pay and wage history: _____

Current or last job description and duties: _____

The details of the applicant's last written performance evaluation prepared prior to the date the applicant signed this consent (See date above :)

Attendance history :(Excluding any qualifying leave under FMLA)

Results of drug and/or alcohol tests administered within the last year:

Details of any threats of violence, harassing acts, or threatening behavior related in any way to the workplace or directed at another employee:

Was his/her separation from employment voluntary involuntary?

What was the reason for the applicant's separation from employment?

Is the applicant eligible for rehire? Yes No

Printed Name and Title of Employer Representative Providing Information _____ Date _____

Signature _____

Phone Number _____