Perry County Employment Application

Department: Address: Email/Phone Number:

TO ALL APPLICANTS:

In completing your application, please be sure to provide as much detail as possible. Answer all questions thoroughly. Type or print clearly. Be sure your signature and the date appear on the last page of the application. Return the completed application using the address above.

Employment History (List most recent first). Use additional sheet if necessary.

Name of Employer:	 	Phone #:	
Address:	 		
Name & Title of Supervisor:			
Job Title:	 		
Date of Employment:		nning \$	Ending \$
Describe Responsibilities:	 		
Reason for Leaving:			

Employment History (continued)

	none #: Ending \$
Salary: Beginning \$	
Salary: Beginning \$	
Salary: Beginning \$	
Phor	
Salary: Beginning \$	Ending \$

Education

Туре	Name and address	Years Completed	Degree	Major
High School		1234		
College*		1234		
Post Graduate*		1234		
Business or Trade*		1234		
Other				

References

List three professional references. PREFERABLY CURRENT OR FORMER EMPLOYERS, whom we have permission to contact.

Name	Occupation	Address	Phone #	

Additional Information

Please summarize other experiences, skills or gualifications, which you feel would gualify you for the position(s) for which you have applied.

Applicant's Agreement Read carefully before signing

I certify that I have read and understand the information on this application and that the answers given by me to the questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omission or misrepresentations of fact called for in this application may result in rejection of my application or immediate discharge at any time during my employment.

I understand that, as a condition of initial or continued employment, I agree to submit to examinations that may be lawfully required by the County, such as medical examinations or substance abuse testing.

I authorize the County and/or its agents, including consumer reporting bureaus to verify any of this information by searching appropriate information and record sources. I authorize all employers (unless restricted below), persons, schools, companies, law enforcement authorities and state agencies to release any information concerning my background and hereby release those parties from any liability for any damage whatsoever for issuing this information.

Employers we may **NOT** contact for a reference:

I understand and agree that, as a condition of employment, I shall meet an maintain all required standard of my position which involve certification and training.

Signature of Applicant: ______ Date: ______ Date: ______