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CHAVES COUNTY APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, gender identity, or any other legally protected class.

Position Applied for:	**Date of Application:**

How Did You Learn About this Position?

☐ Advertisement ☐ Employment Agency ☐ Friend
☐ Walk-In ☐ Internet ☐ Relative

NAME MUST MATCH THE NAME ON YOUR SOCIAL SECURITY CARD

Last Name	First Name	Middle Name

Address:	City:	State Alabama	ZIP Code

Main Phone Number	House Phone Number	Cell Phone Number	Last 4 digits of your Social Security Number

Driver license number	Driver license Class	Driver License State Alabama

Have you ever worked for the County? Yes ☐ No ☐

If yes, when: _____ What department? _____

May we contact your present employer? Yes ☐ No ☐

On what date would you be available for work? _____

Are you available to work: ☐ Full Time ☐ Part-Time ☐ Shift Work ☐ Temporary

Can you travel if a job requires it? Yes ☐ No ☐

EDUCATIONAL BACKGROUND

High School Diploma or GED Yes ☐ No ☐

Vocational Training: _____

Graduate Degree: _____

Trainning in what field: _____

High School:	Name/Location:
College:	Name/Location:

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP AND SKILLS:

SPECIAL SKILLS: (Check Skills or List Equipment/Machinery Operated)

- ☐ Fax
- ☐ PC
- ☐ Calculator
- ☐ Typewriter
- ☐ Microsoft Word
- ☐ Microsoft Excel
- ☐ Microsoft Access
- ☐ Microsoft Outlook

Production/Mobile Machinery

_____

_____

_____

Others (List)

_____

_____

_____

EMPLOYMENT EXPERIENCE: Start with your present job or last job. (Fill out completely, please do not write "see resume").

1.

Company Name: _____ Phone Number: _____

Address: _____ Employed From: _____ TO _____

_____

Position: _____ Last Wage: _____

Reason for Leaving: _____

Supervisor: _____

2.

Company Name: _____ Phone Number: _____

Address: _____ Employed From: _____ TO _____

_____

Position: _____ Last Wage: _____

Reason for Leaving: _____

Supervisor: _____

3.

Company Name: _____ Phone Number: _____

Address: _____ Employed From: _____ TO _____

_____

Position: _____ Last Wage: _____

Reason for Leaving: _____

Supervisor: _____

If you need to list additional employers, please continue on a separate sheet of paper.

BUSINESS REFERENCES:

NAME	ADDRESS	BUSINESS	PHONE NUMBER

I certify that the answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I further understand that Chaves County will do a general background check including, but not limited to, my driving record, violation of any law and job related information from my previous employers and the information obtained will be a consideration for determining employment. Therefore, I give consent to the proper authorities to provide this information to Chaves County, I herby agree by signing this application, to release past employers, their agents and employees from any and all liability for damages which may result from furnishing the requested information or my failure to be hired for the position for which I am applying. Chaves County makes all offers of employment conditional upon the applicant successfully completing a pre-employment, post offer drug screen and physical.

Date 8/13/14

APPLICANT SIGNATURE

CHAVES COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER. IT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, SEXUAL ORIENTATION, OR ANY OTHER LEGALLY PROTECTED STATUS.

We are required to comply with Federal/State Equal Employment and statistical record keeping requirements. We are asking your cooperation in providing the following information. **Providing this information is voluntary and will be kept confidential from the Application for Employment.**

NAME: _____

ADDRESS: _____ PHONE NUMBER: _____

CITY: _____ STATE: Alabama _____ ZIP CODE: _____

SEX: MALE ☐ FEMALE ☐ BIRTHDAY: _____

POSITION APPLYING FOR: _____

DATE OF APPLICATION: _____

ARE YOU A DISABLED VETERAN: YES ☐ NO ☐

ARE YOU A VIETNAM VETERAN: YES ☐ NO ☐

YOUR RACE/ETHNIC GROUP - Check only one: (There is no category for multi-racial individuals)

☐ WHITE (Non-Hispanic) ☐ AMERICAN INDIAN/ALASKAN NATIVE

☐ BLACK (Non-Hispanic) _____
(Indicate Tribal Affiliation)

☐ HISPANIC ☐ ASIAN OR PACIFIC ISLANDER

WAHT INFLUENCED YOU TO APPLY FOR EMPLOYMENT WITH THE COUNTY?

☐ FRIEND / RELATIVE ☐ PRIVATE EMPLOYMENT AGENCY

☐ JOB POSTING BOARD / WALK IN ☐ STATE EMPLOYMENT REFERRAL

☐ NEWS MEDIA AD, WHICH PUBLICATION: _____

☐ INTERNET ☐ OTHER: _____