

Marshall County

Personal Information

Full Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: (____) _____

Email Address: _____



Have you ever applied to / worked for Marshall County before? [] Y or [] N
If yes, please explain (include date): _____

Do you have any friends, relatives, or acquaintances working for Marshall County? [] Y or [] N
If yes, state name & relationship: _____

Are you over the age of 18? [] Y or [] N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? [] Y or [] N

Have you been convicted of or pleaded no contest to a felony within the last five years?
[] Y or [] N

If yes, please describe the crime - state the nature of the crime(s), when and where convicted, and the disposition (final settlement) of the case:

Position and Availability

Position Applying For: _____

Are you applying for

- Temporary work – such as summer or holiday work? [] Y or [] N
- Regular part-time work? [] Y or [] N
- Regular full-time work? [] Y or [] N

If applying for temporary work, indicate your desired length of employment below:

Start date: ___ / ___ / ___ End date: ___ / ___ / ___

Days/Hours Available

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____

Hours Available: from _____ to _____

Are you available to work overtime? [] Y or [] N

If hired, on what date can you start working? ___ / ___ / ___

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? [] Y or [] N

If no, describe the functions that cannot be performed:

Education, Training and Experience

High School Y or N

GED Y or N

College / University Y or N If yes, complete column below.

College / University:

Number of years completed: _____

Did you graduate? Y or N

Degree / Diploma earned: _____

Military:

Branch: _____

Rank in Military: _____

Total Years of Service: _____

Skills/Duties: _____

Related Details: _____

Veteran Status: are you a veteran who received an honorable discharge and has:

1. Provided more than 180 consecutive days of full time active duty in the armed forces of the United States or reserve components, including more than the National Guard? Or,
2. Have a military service disability rating fixed by the United States Veterans Affairs?

Y or N

Skills and Qualifications: Licenses, Skills, Training, Awards

Use the following space to provide any additional information that you think would be helpful in our evaluation in your application. This can include specialized training, workshops, seminars, accreditation, special achievements or valuable skills:

Licenses Held (including drivers)

Type: _____

License Number: _____

Granted By (licensing board): _____

Employment History

You should be prepared to detail each position for the past five years and account for any gaps in employment during that period.

Are you currently employed? [] Y or [] N

If you are currently employed, may we contact your current employer? [] Y or [] N

1. Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Business Type: _____

Address: _____

City, State, Zip: _____

Length of Employment (Include Dates): _____

Salary/Hourly Rate of Pay: _____

Position & Duties: _____

Reason for Leaving: _____

2. Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Business Type: _____

Address: _____

City, State, Zip: _____

Length of Employment (Include Dates): _____

Salary/Hourly Rate of Pay: _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? [] Y or [] N

3. Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Business Type: _____

Address: _____

City, State, Zip: _____

Length of Employment (Include Dates): _____

Salary/Hourly Rate of Pay: _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? [] Y or [] N

References: List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.

1. First and Last Name: _____
Telephone Number: _____
Email Address: _____
Address: _____
City, state, zip: _____
Relationship: _____
Number of Years Acquainted: _____

2. First and Last Name: _____
Telephone Number: _____
Email Address: _____
Address: _____
City, state, zip: _____
Relationship: _____
Number of Years Acquainted: _____

3. First and Last Name: _____
Telephone Number: _____
Email Address: _____
Address: _____
City, state, zip: _____
Relationship: _____
Number of Years Acquainted: _____

Certification

I certify that the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment if I am hired. I authorize the verification of any and all information listed above.

Signature: _____ Date: _____