

EMPLOYMENT INFORMATION

Starting with your PRESENT or MOST RECENT, list all previous employers in the last 5 years. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate protected status. Use a separate sheet, if necessary, and attach a resume, if available.

EMPLOYER			DATES EMPLOYED	
STREET ADDRESS			TELEPHONE	SUPERVISOR
CITY	STATE	ZIP CODE	JOB TITLE	REASON FOR LEAVING
WORK PERFORMED				

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EDUCATION

NAME	CITY & STATE	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	DIPLOMA DEGREE
ELEMENTARY SCHOOL				
HIGH SCHOOL				
UNDERGRADUTE COLLEGE				
GRADUATE PROFESSIONAL				
OTHER (SPECIFY)				

ADDITIONAL INFORMATION

Use the space below to describe your interest in working for us and the skills/aptitudes that you feel qualify you for a position with us. Use a separate sheet, if necessary.

APPLICANT'S STATEMENT

<p>I certify that the answers given in this application and in the employment interview(s) are true and complete to the best of my knowledge.</p>	
<p>I authorize Jefferson County to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision.</p>	
<p>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 my employment here is contingent upon a background check and MVR check.</p>	
<p>In consideration of my employment, I agree to conform to the rules and regulations of my employer and that my employment and compensation can be terminated with or without cause and with or without notice at any time by either my employer or myself.</p>	
<p>Jefferson County is an equal opportunity employer and administers all personnel practices without regard to race, color, religion, sex, age, national origin, disability, sexual orientation, gender identity or expression, marital status, veteran status, genetics, or any other category protected under applicable law. Employment opportunities shall be provided for applicants with disabilities and reasonable accommodation(s) shall be made to meet physical or mental limitations of qualified applicants or employees.</p>	
<p>I hereby acknowledge that I have read and understand the above statement.</p>	
SIGNATURE OF APPLICANT:	DATE: