APPLICATION FOR EMPLOYMENT

PERSONAL INFORM						
	DAT	E		S.S.#		
Noma						
NameLast		First		Middle		
Present AddressStree	t City		State	Zip		
Stree	t City		State	Σip		
Permanent Address						
	Street City		State	Zip		
Phone Number						
If you are under 18 years	ars of age, can you p	rovide require	ed proof of	eligibility to work? Yes No		
Citizen of U.S.A. Yes	or No					
If Related to Anyone i State Name and Depar						
Referred By			_			
EMPLOYMENT	DESIRED					
Position	Date	Date You Can Start Salary Desired				
Are You Employed Now? If So, May We Inquire of Your Present Employer						
EDUCATION	Name & Location o	f School	Years	Date		
		F	Attended	Graduated		
High School						
College						
Other						
In Case of Emergency	Notify:					
in case of Emergency	Name	Add	lress	Phone No.		

EMPLOYMENT HISTORY

Date, Month & Yea	ar Name & Address of	f Employer	Salary	Position	Reason for
					Leaving
From					
То					
From					
То				-	
REFERENCES: (Least One Year.	Give Below the Names of Th	nree Persons N	ot Related T	o You, Whom Y	ou Have Known At
NAME	ADDRESS	BU	JSINESS	YEA	RS ACQUAINTED
1.					
2.					
3.					
Conviction will not	victed of a felony within necessarily disqualify a lain:	an applicant	from emp		
misrepresentation of agree that my empl	CONSENT, NOT ation of all statements corromission of facts called oyment is for no definitry, be terminated at any	contained in ed for is cause period and	this applic se for disn l may, rega	ation. I under nissal. Further ardless of the o	r, I understand and
Drivers License No), ₁	D	o you have	CDL? Yes _	No
Expiration Date		Class		_ Endorsemen	nt
Date		Signature			

FAYETTE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

DO NOT WRITE BELOW THIS LINE

Interviewed By	Date	
REMARKS:		
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