

# WOODSON COUNTY

## Employment Application

| APPLICANT INFORMATION  |                     |                  |      |
|--|---------------------|------------------|------|
| Last Name  | First               | M.I.             | Date |
| Street Address   |                     | Apartment/Unit # |      |
| City   | State               | ZIP              |      |
| Phone  | E-mail Address      |                  |      |
| Date Available   | Social Security No. | Desired Salary   |      |
| Please answer: Do you have any relatives that work for this company YES <input type="checkbox"/> NO <input type="checkbox"/> If so, who?   |                     |                  |      |
| Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> |                     |                  |      |
| Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?   |                     |                  |      |
| Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain   |                     |                  |      |

| EDUCATION   |    |  |        |
|-------------|----|--|--------|
| High School |    | Address  |        |
| From        | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| College     |    | Address  |        |
| From        | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Other       |    | Address  |        |
| From        | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |

| REFERENCES  |              |
|---|--------------|
| <i>Please list three professional references.</i> |              |
| Full Name   | Relationship |
| Company   | Phone ( )    |
| Address   |              |
| Full Name   | Relationship |
| Company   | Phone ( )    |
| Address   |              |
| Full Name   | Relationship |
| Company   | Phone ( )    |
| Address   |              |

| PREVIOUS EMPLOYMENT   |                    |                    |  |
|---|--------------------|--------------------|--|
| Company   |                    | Phone ( )          |  |
| Address   |                    | Supervisor         |  |
| Job Title   | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities  |                    |                    |  |
| From  | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |
| Company   |                    | Phone ( )          |  |
| Address   |                    | Supervisor         |  |
| Job Title   | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities  |                    |                    |  |
| From  | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |
| Company   |                    | Phone ( )          |  |
| Address   |                    | Supervisor         |  |
| Job Title   | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities  |                    |                    |  |
| From  | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |

| SPECIAL SKILLS                     |   |
|------------------------------------|---|
| Computer Skills                    | EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> Knowledge of Motor Vehicles YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Customer Service Skills            | EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> General Office Knowledge YES <input type="checkbox"/> NO <input type="checkbox"/>    |
| Any other experience that applies: |   |

| DISCLAIMER AND SIGNATURE   |
|--|
| <p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p> |
| <p>Signature _____ Date _____</p>  |