

JEFFERSON COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES APPLICATION FOR EMPLOYMENT

The Jefferson County Department of Job and Family Services considers all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

We are an Equal Opportunity Employer

PLEASE PRINT

Last Name			First Name			Middle Name		
Address	Number	Street	City			State	Zip Code	
Telephone Numbers		Work ()	Home ()			Social Security Number		

Position(s) Applied For:	Date of Application			
How did you learn about us? <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;"> <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency </td> <td style="width: 33%; text-align: center;"> <input type="checkbox"/> Friend <input type="checkbox"/> Relative </td> <td style="width: 33%; text-align: center;"> <input type="checkbox"/> Walk-In <input type="checkbox"/> Other _____ </td> </tr> </table>		<input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend <input type="checkbox"/> Relative	<input type="checkbox"/> Walk-In <input type="checkbox"/> Other _____
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Are you currently employed? Yes No

May we contact your present employer? Yes No

On what date would you be available for work? _____

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

If yes, please explain: _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected statuses. If you need additional space, please continue on a separate sheet.

Employer		Dates Employed		Work Performed
Address		From	To	
		Hourly Rate/Salary		
Telephone		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
		Hourly Rate/Salary		
Telephone		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
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Telephone		Starting	Final	
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Employer		Dates Employed		Work Performed
Address		From	To	
		Hourly Rate/Salary		
Telephone		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				

List professional, trade, business or civil activities and offices held.

You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

EDUCATION

Education	Name and Address of School	Course of Study	Specify Diploma or Degree
Elementary School			
High School			
Undergraduate College			
Graduate Professional			
Other (<i>specify</i>)			

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any job-related training received in the United States Military:

SPECIAL SKILLS

Other qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills:

- | | |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> CRT | <input type="checkbox"/> Fax |
| <input type="checkbox"/> PC | <input type="checkbox"/> Lotus 1-2-3 |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> PBX System |
| <input type="checkbox"/> Typewriter | <input type="checkbox"/> Word Perfect |

Other Skills (please list)

Additional Information:

Please state any additional information you feel may be helpful to us in considering your application.

Professional References - Please list only people you have worked with professionally.

1.

_____	_____
Name	Phone

Address	
2.

_____	_____
Name	Phone

Address	
3.

_____	_____
Name	Phone

Address	

May we contact the above references? _____ If you object, please indicate which ones. _____

I certify that the above statements are correct to the best of my knowledge.

Signature of Applicant

Date