

CRAIGHEAD COUNTY MAINTENANCE DEPARTMENT 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			
Position Applied for												
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 Craighead County			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
Class A Driver's License			Yes ()	NO ()	DL#							
EDUCATION												
High School			Address			NO <input type="checkbox"/>						
YES <input type="checkbox"/>												
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"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

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

General Information

1. Please type or print clearly. In order to improve your chances for employment all information requested should be provided as fully as possible.
2. Completed applications may be submitted to Craighead County Human Resources
511 Union, Suite 119, Jonesboro, AR 72401
3. Applications submitted by mail or in person between the hours of 8 A.M. to 5:00 P.M.,
Monday through Thursday.
4. Craighead County is an Equal Opportunity Employer.