

Standard Application for Employment

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered.

"Employer" Franklin County Emergency Management Agency	Position applying for
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PERSONAL DATA			
Name (last, first, middle)		Social Security Number	
Street Address	City	State	Zip
Home Telephone Number	Business Telephone Number	Message Telephone Number	
Date you can start work	Salary Desired	Do you have a High School Diploma or GED? Yes <input type="checkbox"/> No <input type="checkbox"/>	

POSITION INFORMATION			
Check all that you are willing to work			
Hours: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Supplemental <input checked="" type="checkbox"/>	Days <input type="checkbox"/> Evenings <input type="checkbox"/>	Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Weekends <input type="checkbox"/>	Status: Permanent <input checked="" type="checkbox"/> Temporary <input type="checkbox"/>
If employed in this position, would you be in a supervisory or subordinate relationship to any family members? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Have you ever been convicted of a crime other than a minor traffic violation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:			

QUALIFICATIONS					
Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.					
	School Name/Address City/State	From Mo - Year	To Mo - Year	Degree Received	Areas of Specialization
College					
Vocational/Technical					
Other					

SPECIAL SKILLS
Please list any special skills or experience that you feel would help you in the position that you are applying for.

REFERENCES			
Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references.			
Name	Address/City/State	Phone	Relationship

WORK HISTORY Start with your present or most recent employment and work back. Use a separate sheet if necessary.

Job Title #1	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

May we contact your present employer? Yes No N/A

Job Title #2	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

Job Title #3	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

Job Title #4	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

I declare that all the foregoing statements are true and correct to the best of my knowledge. I authorize the "Employer" to conduct a background check, including criminal history and driving record; and to contact my present and past employers, schools, and references to determine my suitability for employment. I hereby release the "Employer" and The Work & Career Connection from all liabilities resulting from these inquires.

Applicant Signature

Date