



Commissioners:  
Joseph Gardener, President  
Orlando Taylor, Vice President  
Lionel Fredrick, Commissioner  
Shelley Johnson, Commissioner  
Marshall Corbin, Commissioner

## JOB APPLICATION

APPLICANT INFORMATION			
LAST NAME		SSN	
FIRST NAME & MIDDLE INITIAL		DATE OF BIRTH	
STREET ADDRESS		PHONE 1	
STREET ADDRESS		PHONE 2	
CITY / STATE / ZIP CODE		EMAIL ADDRESS	
Are you 18 or older?	Yes or No:	Entitled to work in the U.S.?	Yes or No:
Military service?	Yes or No:	If yes, which branch?	
Are you a veteran?	Yes or No:	Convicted of DUI or DWI?	
Convicted of a felony?	Yes or No:	If yes, please explain.	
What position are you applying for?		How did you learn of the position available?	
Expected Hourly Rate		Expected Annual Salary	
Date Available to Begin		Date of Application	

PREVIOUS EXPERIENCE			
EMPLOYER NAME 1		START DATE	
SUPERVISOR NAME		END DATE	
STREET ADDRESS		PHONE	
CITY / STATE / ZIP CODE		EMAIL ADDRESS	
POSITION HELD		RATE OF PAY	
Reason for leaving?		May we contact?	Yes or No:
EMPLOYER NAME 2		START DATE	
SUPERVISOR NAME		END DATE	
STREET ADDRESS		PHONE	
CITY / STATE / ZIP CODE		EMAIL ADDRESS	
POSITION HELD		RATE OF PAY	
Reason for leaving?		May we contact?	Yes or No:
EMPLOYER NAME 3		START DATE	
SUPERVISOR NAME		END DATE	
STREET ADDRESS		PHONE	
CITY / STATE / ZIP CODE		EMAIL ADDRESS	
POSITION HELD		RATE OF PAY	
Reason for leaving?		May we contact?	Yes or No:

EDUCATION			
	NAME AND LOCATION	LAST YEAR COMPLETED	MAJOR / EMPHASIS & DEGREE EARNED
HIGH SCHOOL		9, 10, 11, or 12:	
COLLEGE / UNIVERSITY		1, 2, 3, or 4:	
TRADE SCHOOL			
OTHER / APPLICABLE TRAINING		APPLICABLE SKILLS / PROFICIENCIES	

Please list at least three references:

Name:	Relationship:	Phone number:

**DISCLAIMER**

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

Signature:

Date:

For Office use only

Date received:	Received by:	HR received (date and sign):