**WHITE COUNTY E-911**

**EMPLOYMENT APPLICATION**



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| **PERSONAL INFORMATION:** |
| **NAME****Last: First: Middle Initial:**  |
| **ADDRESS****Number / Street**: Apt / Unit: |
| **City: State: Zip Code** |
| **Mailing Address, if different from above:** |
| **CONTACT NUMBERS:****Home: Work: Cell:** |
| **CONTACT EMAIL:** |
| **Other Addresses you have lived in the last ten (10) years:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **LEGAL AUTHORIZATION FOR EMPLOYMENT:****Are you a U.S. Citizen? \_\_\_\_\_Yes \_\_\_\_\_No****Are you legally authorized for permanent employment in the United States? \_\_\_\_\_Yes \_\_\_\_\_ No** |
| **BIRTHPLACE (City, County, State, Country)** |
| **BIRTHDATE (MM/DD/YYYY)** |
| **SOCIAL SECURITY #: DRIVERS LICENSE #** |
| **PHYSICAL DESCRIPTION:****HEIGHT: HAIR COLOR: EYE COLOR:** |
| **RELATIVES:** |
| **Spouse Name, Address and Phone Number:** |
| **Children’s Names & Ages:** |
| **Parent’s Names:** |
| **Siblings Names:** |
| **REFERENCES:**(Not related or living in your home) |
| **NAME OF REFERENCE:****ADDRESS OF REFERENCE:****PHONE # OF REFERENCE** |
| **NAME OF REFERENCE:****ADDRESS OF REFERENCE:****PHONE # OF REFERENCE** |
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| **NAME OF REFERENCE:****ADDRESS OF REFERENCE:****PHONE # OF REFERENCE:** |
| **EDUCATION & MILITARY:** |
| **DO YOU HAVE A HIGH SCHOOL DIPLOMA OR EQUIVELANT? \_\_\_\_\_YES \_\_\_\_\_NO****ARE YOU A VETERAN \_\_\_\_\_YES \_\_\_\_\_\_NO ARE YOU IN ACTIVE DUTY \_\_\_\_\_YES \_\_\_\_\_\_NO** |
| **HIGH SCHOOL ATTENDED:****CITY: STATE:****YEAR GRADUATED:** |
| **COLLEGE ATTENDED:****CITY: STATE:****YEAR GRADUATED: MAJOR:** |
| **TRADE OR VOCATIONAL SCHOOL ATTENDED:****CITY: STATE:****YEAR GRADUATED: MAJOR:**  |
| **Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension or expulsion for any school? \_\_\_\_\_Yes \_\_\_\_\_No****Explain:** |
| **EXPERIENCE & EMPLOYMENT:** |
| **NAME OF CURRENT EMPLOYER: Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****ADDRESS: End Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **PHONE #: Start Salary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **SUPERVISOR’S NAME: End Salary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****REASON FOR LEAVING:** |
| **NAME OF PREVIOUS EMPLOYER: Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****ADDRESS: End Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **PHONE #: Start Salary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **SUPERVISOR’S NAME: End Salary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****REASON FOR LEAVING:** |
| **NAME OF PREVIOUS EMPLOYER: Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****ADDRESS: End Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **PHONE #: Start Salary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **SUPERVISOR’S NAME: End Salary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****REASON FOR LEAVING:** |
| **NAME OF PREVIOUS EMPLOYER: Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****ADDRESS: End Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **PHONE #: Start Salary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **SUPERVISOR’S NAME: End Salary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****REASON FOR LEAVING:** |
| **CRIMINAL RECORD:** |
| **Have you ever been convicted of a Felony? \_\_\_\_\_Yes \_\_\_\_\_No****Explain:** |
| **Have you ever been convicted of a Misdemeanor: \_\_\_\_\_Yes \_\_\_\_\_No****Explain:** |
| **Do you have a Gun Carry Permit? \_\_\_\_\_Yes \_\_\_\_\_No** |
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| **EMERGENCY CONTACT INFORMATION:** |
| **Emergency Contact Name:****Emergency Contact #:** |
| **I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s) and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification.****Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |