

POPE COUNTY SHERIFF'S OFFICE AND DETENTION CENTER

APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION: _____

APPLICANT INFORMATION

LAST NAME _____ FIRST NAME _____ M.I. _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE# _____ EMAIL ADDRESS _____

DOB _____ SSN# _____ DL# _____ STATE _____

POSITION APPLIED FOR _____ DATE AVAILABLE TO START _____

WILLING TO WORK OVERTIME? YES NO

EDUCATION

HIGH SCHOOL GRADUATE YES NO

COLLEGE GRADUATE YES NO

REFERENCES

****PLEASE LIST THREE (3) REFERENCES, TO WHOM YOU ARE NOT RELATED, THAT WE MAY CONTACT**

FULL NAME _____ RELATIONSHIP _____

PHONE# _____

FULL NAME _____ RELATIONSHIP _____

PHONE# _____

FULL NAME _____ RELATIONSHIP _____

PHONE# _____

SPECIAL TRAINING OR SKILLS _____

MILITARY SERVICE

BRANCH _____ FROM _____ TO _____

RANK AT DISCHARGE _____ TYPE OF DISCHARGE _____

EMPLOYMENT APPLICATION CONTINUED

PREVIOUS EMPLOYMENT

COMPANY _____ PHONE# _____

JOB TITLE _____ SUPERVISOR _____

FROM _____ TO _____ REASON FOR LEAVING _____

COMPANY _____ PHONE# _____

JOB TITLE _____ SUPERVISOR _____

FROM _____ TO _____ REASON FOR LEAVING _____

COMPANY _____ PHONE# _____

JOB TITLE _____ SUPERVISOR _____

FROM _____ TO _____ REASON FOR LEAVING _____

****MAY WE CONTACT YOUR PREVIOUS SUPERVISORS FOR A REFERENCE? YES NO**

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. I UNDERSTAND WITH AN OFFER OF EMPLOYMENT A DRUG TEST WILL BE REQUIRED. I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL AUTHORIZATION TO WORK IN THE UNITED STATES AS REQUIRED BY FEDERAL IMMIGRATION LAWS. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGES THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION

SIGNATURE _____ DATE _____

RECEIVED BY _____ DATE _____