

Worth County Sheriff's Office Application for Employment

(Print neatly and complete all blanks)

Worth County is an Equal Opportunity Employer

Personal

Full Name: _____
(Last) (First) (Middle) / Maiden name if married

Current Address: _____
(Number) (Street) (City/State/Zip Code)

Telephone Numbers: _____
(Home) (Cell)

Date of Birth: _____ Social Security Number: _____

Email address _____

Employment Desired

Position(s) applied for: _____ Date of Application: _____

Have you ever filed an application with us before? _____ Yes _____ No

If yes, give a date: _____

Have you ever been employed with us before? _____ Yes _____ No

If yes, give a date: _____

Do you have any friends or relatives, other than spouse that work here? _____ Yes _____ No

If yes, state name and relationship: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?
Proof of citizenship or immigration status will be required upon employment

_____ Yes _____ No

Are you currently employed? _____ Yes _____ No

May we contact your present employer? _____ Yes _____ No

Are you currently on "Lay Off" Status and subject to call? _____ Yes _____ No

Can you travel if a job requires it? _____ Yes _____ No

Have you ever been bonded? If Yes, for whom & what reason _____ Yes No

Have you ever been or currently are involved in a civil litigation? Yes No

If yes, indicated reason & result of _____

Are you available to work: Full Time Part Time

Date Available to Start work: _____ Best time to contact you: ___:___ am/pm

Education

Do you have a Highs School Diploma or GED? Yes No

Name of Last School attended: _____ City _____ State _____

Circle last year of school completed: 6 7 8 9 10 11 12 13 14 15 16 17 18

Circle highest degree earned: High School Diploma GED Certificate AA BD MD PHD Other

College/Technical: _____

(Course of Study /Diploma)

Other Training or
Skills _____

Specialized Skills: _____ Terminal _____ Computer _____ Typewriter
(WPM _____) _____ Foreign Language (Which?) _____

Other: _____

Military Educational Background

Date of Service _____ Branch _____ Type of Discharge _____

Describe any job related training received in the United States Military:

Arrest Background

List dates/location/reason

Traffic Offense

Non-Traffic Offense

Work Experience

Former Employment: (List employers, starting with the current or most recent. Explain all gaps in time of employment)

Company Name _____ *Job Title* _____

Full Address: _____ Phone # _____

Start date: _____ End Date: _____

Job Duties: _____

Reason for Leaving: _____

Company Name _____ *Job Title* _____

Full Address: _____ Phone # _____

Start date: _____ End Date: _____

Job Duties: _____

Reason for Leaving: _____

Company Name _____ *Job Title* _____

Full Address: _____ Phone # _____

Start date: _____ End Date: _____

Job Duties: _____

Reason for Leaving: _____

References (Do not include family members or past supervisors)

Name/Phone number	Best Time to Call	Occupation

State any additional information you feel may be helpful to us in considering your application.

Applicants Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer

Signature of Applicant: _____ Date: _____