

Are you over the age of 18? (circle) yes no

Have you ever been convicted of a felony in the past 7 years? (Note: this may be relevant if job-related, but does not bar you from employment): (circle) yes no

If yes, please explain: _____

Driver's License number (if required by job): _____(State) _____(Class) _____

EDUCATION AND TRAINING

High School Attended: _____

City State Zip

Do you have high school diploma: (circle) yes no

Please list other education you have received:

College/University/Trade Or Business Schools Attended	City/State	Degree Earned? Type of Degree	Major Area Of Study

List other training received (special courses, work training programs, Armed Forces training, etc.)

List special qualifications and skills (licenses, skills with machines, patents or inventions, publications, etc):

PRIOR EMPLOYMENT RECORD

Begin with most recent employer

From Mo/Yr	To Mo/Yr	Employer	Phone #
Job Title:		Address: State: Zip:	City:
Immediate Supervisor:		Summarize work performed and job responsibilities:	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Starting salary: \$	Ending Salary:\$
		Reason for leaving:	

From Mo/Yr	To Mo/Yr	Employer	Phone #
Job Title:		Address: State: Zip:	City:
Immediate Supervisor:		Summarize work performed and job responsibilities:	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Starting salary: \$	Ending Salary:\$
		Reason for leaving:	

From Mo/Yr	To Mo/Yr	Employer	Phone #
Job Title:		Address: State: Zip:	City:
Immediate Supervisor:		Summarize work performed and job responsibilities:	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Starting salary: \$	Ending Salary:\$
		Reason for leaving:	

From Mo/Yr	To Mo/Yr	Employer	Phone #
Job Title:		Address: State: Zip:	City:
Immediate Supervisor:		Summarize work performed and job responsibilities:	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Starting salary: \$	Ending Salary:\$
		Reason for leaving:	

REFERENCES

Please list three persons, other than relatives, who have knowledge of your character and/or abilities:

NAME	MAILING ADDRESS	YEARS KNOWN	PHONE

Applicant's Agreement and Certification

I hear affirm that the information provided on this application (and accompany resume and documents, if any) is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me and my application from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that if I am employed by Maury County Government this "Application for Employment" will not constitute a contract of employment; employment is at-will.

I acknowledge that any offer of employment from Maury County Government is conditioned upon undergoing and passing the County's post offer medical examination and drug and alcohol test.

I understand that this position is subject to mandatory direct deposit for payment of wages.

I agree to have Maury County perform reference and background checks as necessary for employment consideration with Maury County Government. I waive any right of privilege, privacy, and/or confidentiality I may have in the information provided by reference or others whom I have indicated may be contacted.

(Applicant Signature)

(Date)