



## Employment Application

Name and Address							
Name (First, MI, Last)				Social Security Number			
Mailing Address							
City, State, and Zip Code							
Telephone				Alternate Phone			
Email				DOB			
Job Type							
Days/Hours Available To Work							
<input type="checkbox"/> I have no preference	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
I am seeking a:	<input type="checkbox"/> Full-time job		<input type="checkbox"/> Part-Time job		<input type="checkbox"/> PRN		
How many hours can you work weekly?		Can you work nights?			Date available to begin		
Additional Information							
Have you ever been employed by this organization in the past?					<input type="checkbox"/> Yes		<input type="checkbox"/> No
Do you have reliable transportation?					<input type="checkbox"/> Yes		<input type="checkbox"/> No
I certify that I am a U.S. citizen, permanent resident, or foreign national with authorization to work in the United States.					<input type="checkbox"/> Yes		<input type="checkbox"/> No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgement to a felony?					<input type="checkbox"/> Yes		<input type="checkbox"/> No
If Yes, please explain:							
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver's license number			Issued in what state?		
Military							
Have you ever been in the Armed Forces?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	Date entered:
Are you now a member of the National Guard?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	Discharge date:

## Education

School	Location (mailing address)	Years Completed	Major	Degree or Diploma
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## College or Business/Trade School


## Professional Licenses/Certifications

Type	State issued	Date	License Number	Verified

Area of specialized or interest:

## Work Experience

*Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.*

Company	Name of supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone Number	Last Job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?  Yes  No

## Work Experience

*Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary*

Company	Name of supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?  Yes  No

## References

Name:	Telephone Number:
	Relationship/Association:
Name:	Telephone Number:
	Relationship/Association:
Name:	Telephone Number:
	Relationship/Association:
Name:	Telephone Number:
	Relationship/Association:

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Signature	Date
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## Employee Application Disclaimer - Consent for Criminal History Check

I certify that information contained in this application is true and correct to the best of my knowledge. I understand that providing false information may result in QCC refusing to hire me or for discharge should I be hired.

I authorize any person, organization or company listed on this application to furnish you with any and all information concerning my previous employment, education and qualifications for the position I am applying. I also authorize you to request and receive any such information.

By completing the form below, I authorize the \_\_\_\_\_ County Sheriff's Office-Jail Division to conduct a criminal history check on me.

I understand that I am permitted to request a reasonable accommodation in the application process and that I will be given the same consideration if such request is made.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_