

**COUNTY OF WAYNE**

**APPLICATION  
FOR  
EMPLOYMENT**

(PLEASE PRINT PLAINLY)

**PERSONAL**

FOR OFFICE USE ONLY	
Possible Work Locations	Possible Positions

FOR OFFICE USE ONLY	
Work Location	Rate
Position	Date

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Present address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
No. Street City State Zip

Are you legally eligible for employment in the U.S.A.? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, verification will be required.)

Are you of the legal age to work? \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_ 20\_\_\_\_\_

Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying?  
 (Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.)

**RECORD OF EDUCATION**

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma Or Degree
			5	6	7	8		
Elementary		X	5	6	7	8	<input checked="" type="checkbox"/> Yes	X
							<input checked="" type="checkbox"/> No	
High			1	2	3	4	<input checked="" type="checkbox"/> Yes	
							<input checked="" type="checkbox"/> No	
College			1	2	3	4	<input checked="" type="checkbox"/> Yes	
							<input checked="" type="checkbox"/> No	
Other (Specify)			1	2	3	4	<input checked="" type="checkbox"/> Yes	
							<input checked="" type="checkbox"/> No	

**(Turn to Next Page)**

# List below present and past employment, beginning with your most recent

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
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Telephone								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signed \_\_\_\_\_

If there is a particular employer (s), you do not wish us to contact, please indicate which one (s). \_\_\_\_\_

## PERSONAL REFERENCES ( Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

# List below present and past employment, beginning with your most recent

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
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## PERSONAL REFERENCES ( Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

To Applicant: READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS IN THIS BLOCKED-OFF AREA.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, creed, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation, or source of income. The fair Credit Reporting Act imposes restrictions with respect to credit data. The position for which you are applying the requested information is needed for a legally permissible reason, including, without limitation, national security requirements, affirmative action, a bona fide occupational qualification or business necessity.



- Previous address \_\_\_\_\_  
No. Street City State Zip
- Were you in U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what Branch? \_\_\_\_\_
- Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for? (If yes, describe.) \_\_\_\_\_
- Are you a Vietnam veteran? \_\_\_\_\_
- Are you eligible to be bonded? \_\_\_\_\_
- Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, in the past ten years which has not been annulled or expunged or sealed by a court? \_\_\_\_\_ If yes, describe in full \_\_\_\_\_

Before employment is offered, a criminal history background check may be completed. Conviction of a crime may be a factor considered when hiring an employee. Any information received through a background check, if it results in a denial of employment, shall be shared with the applicant. The applicant will also be given the name and address of the reporting agency or agencies

### PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at anytime, for any reason or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by an officer. I also understand that a criminal history background check may be performed before an offer for employment is made.

\_\_\_\_\_  
Signature of Applicant