

**APPLICATION FOR EMPLOYMENT**  
**The County is an Equal Opportunity Employer**  
**and employs in accordance with the American Disability Act.**  
**PETTIS COUNTY COURTHOUSE**

Position applied for: \_\_\_\_\_ Department: \_\_\_\_\_

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Driver's License Number: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_

Check the type of work for which you are applying: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

When would you be able to start work with the County? \_\_\_\_\_

Have you ever worked for the County before? \_\_\_\_\_

**EDUCATION:**

	<u>Name and Location of School</u>	<u>Dates Attended</u>	<u>Did You Graduate?</u>	<u>Major</u>
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Trade, Business or Correspondence School	_____	_____	_____	_____

**WORK EXPERIENCE:**

*Note: Not answering all items in the following section may eliminate you from further consideration. Be sure to provide phone numbers for your most recent employers. If you have been discharged from any position, please explain in detail.*

1. Previous Employer: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: (\_\_\_\_) \_\_\_\_\_ Final Salary: \_\_\_\_\_ Per: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Main Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

