

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

# St. Francois County Employment Application Form



*St. Francois County does not discriminate against applicants on the basis of race, color, religion, gender, national origin, ancestry, disability, age or any other characteristic protected by law. St. Francois County is an Equal Opportunity Employer.*

### APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4.

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

How long \_\_\_\_\_ Telephone \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Positions applied for and salary desired (1) \_\_\_\_\_ (2) \_\_\_\_\_ (be specific)

Days/hours available to work \_\_\_ No Pref \_\_\_ Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thur \_\_\_ Fri \_\_\_ Sat \_\_\_ Sun

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired \_\_\_ FULL-TIME ONLY \_\_\_ PART-TIME ONLY \_\_\_ FULL- OR PART-TIME

When available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION <small>(Complete mailing address)</small>	# OF YEARS COMPLETED	MAJOR & DEGREE
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Bus. or Trade School	_____	_____	_____	_____
Professional School	_____	_____	_____	_____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_ No \_\_\_ Yes

If yes, explain the number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

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DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue \_\_\_\_\_ Operator  Commercial (CDL)  Chauffeur

Expiration Date \_\_\_\_\_

Have you had any accidents during the past three years? How many? \_\_\_\_\_

Have you had any moving violations during the past three years? How many? \_\_\_\_\_

## OFFICE ONLY

Typing  Yes  No \_\_\_\_\_ WPM 10-Key  Yes  No Word Processing  Yes  No \_\_\_\_\_ WPM

Personal Computer  Yes  No \_\_\_\_\_ PC \_\_\_\_\_ Mac Other Skills \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_ Name \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

Company \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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### MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

### WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of Employer \_\_\_\_\_ Name of Last Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Pay or Salary: Start \_\_\_\_\_ Final \_\_\_\_\_

Phone Number \_\_\_\_\_ Your 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.

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