Application For Employment KINNEY COUNTY



Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

PLEASE PRINT					
NAME:		FIRST		MIDE	OI F
				WIIDE) <u></u>
PO Bo	OX/STREET	CITY		STATE	ZIP
TELEPHONE:		ALTER	NATE PHONE #:		
SOCIAL SECURIT	Y #:	DATE OF BIRTH:			
Position(s) Applying	g For:				
Referral Source	☐ Advertisement	☐ Friend	□ Relative		
	□ Walk-In	□ Employmen	nt Agency		
	Other				
If employed and you	ı are under 18, can you t	furnish a work permit?	□ YES □ N	О	
Have you filed an ap	oplication here before?	□ YES □ NO	If Yes, give date		
Have you ever been	employed here before?	□ YES □ NO	If Yes, give date		
Are you employed n	low? □ YES □ NO	May we contac	t your present emplo	oyer? YES	□ NO
-	•	employed in this countr be required upon employi	•	_	status?
On what date would	you be available for wo	ork?			
Are you available to	work	□ Part-Time	□ Shift Work	□ Tempora	ary
Are you on a lay-off	and subject to recall?	□ Yes □ No			

Have you been convicted of a felony within the last 7 years?	Can you travel if a job requir	es it?	No						
Veteran of the U.S. Military service? □ YES □ NO If Yes, what branch? LANGUAGE(S): FLUENT GOOD FAIR									
Veteran of the U.S. Military service? YES	If Yes, please explain:								
SPEAK SPEA									
SPEAK SPEA									
SPEAK READ WRITE List professional, trade, business or civic activities and office held. (You may exclude those which indicate race, color, religion, sex or national origin): REFERENCES (not related to you and are not previous employers) NAME PHONE ADDRESS RELATIONSHIP Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Handicaps: Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled veterans and the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled veterans and the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment. If you wish to be identified, please sign below. Handicapped Individual Disabled Veteran Vietnam Era Veteran V	Veteran of the U.S. Military	service? □ YES □ NO	If Yes, what branch?						
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REFERENCES (not related to you and are not previous employers) NAME	WRITE								
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Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer	Telephone	Dates Employed From To		Work Performed
Address				
Job Title		Hourly Ra Starting	ite/Salary Final	
Supervisor				
Reason for Leaving				
Employer	Telephone	Dates Er From	nployed To	Work Performed
Address				
Job Title		Hourly Ra Starting	ite/Salary Final	
Supervisor				
Reason for Leaving				
Employer	Telephone	Dates Er From	nployed To	Work Performed
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Supervisor				
Reason for Leaving				
Employer	Telephone	Dates Er From	nployed To	Work Performed
Address				
Job Title		Hourly Ra Starting	ite/Salary Final	
Supervisor				
Reason for Leaving				

(If you need additional space, please continue on a separate sheet of paper.)

SPECIAL SKILLS AND QUALIFICATIONS Summarize special skills and qualifications acquired from employment or other experience:																
Education																
		Eler	ment	lary		F	High		Coll	ege/l	Univer	rsity	_	Gradu rofess		
School Name					_							_	_			
Years Completed	4	5	6	7	8	9 10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree				_												
Describe Course of Study																
Describe Specialized Training, Apprenticeship, Skills & Extra Curricular Activities					_										_	
Honors Received: State any additional information you feel may be helpful to us in considering your application.																
			APF	?LIC	JAN	NT'S STA	ATE	MEN	í T							
I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.																
Applicant Signature:					_			_	D:	ate:					-	
		For	Pers	sonr	nel	Departr	ment	i Use	Only	y						
Arrange Interview ☐ YES	3		iO					Em	ployed	d	□ YE	ES		O		
Date of Employment								Ноі	urly R	.ate/Sa	alary					
Job Title						I	Depar	rtmen	ıt							
Remarks															<u> </u>	