

COUNTY OF CROSS, ARKANSAS

-serving the people of

Cherry Valley Hickory Ridge Parkin Vanndale Wynne

Employment Application

APPLICATION INFORMATION

Last Name		First Name		Middle Name	Date
Social Security Number - -	Date of Birth - -	Driver's Lic State: _____ CDL _____ #:	Are you citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever worked for the County? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Physical Address		City	State	Postal ZIP	
Home Phone () -	Cell Phone () -	Email _____ @ _____			

EDUCATION

High School	Address	City	State	ZIP
Do you have a high school diploma? <input type="checkbox"/> YES <input type="checkbox"/> NO	Year of graduation	College? <input type="checkbox"/> YES <input type="checkbox"/> NO	May attach copy of resume	

TO BE COMPLETED BY EMPLOYER

Hire Date	Dept	Starting Salary	Health Ins	US Able Life	Vision Ins	Dental Ins			
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REFERENCES

Please list three professional references.

Full Name	Relationship	Phone Number () -
Full Name	Relationship	Phone Number () -
Full Name	Relationship	Phone Number () -

MILITARY SERVICE

Branch	From:	To:	Rank at Discharge:	Type of Discharge:	If other than honorable, explain:
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PREVIOUS EMPLOYMENT -1

Company	Job title/responsibilities	From	To	Reason for leaving
Address	Phone # () -	Supervisor	Ending Salary \$	

LIST OTHER EMPLOYMENT HISTORY ON THE REVERSE SIDE OF THIS FORM

ILLNESSES

List any and all handicaps, previous injuries/surgeries, and allergies. List on the back if more room is needed.

DISCLAIMER AND SIGNATURE

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
IF THIS APPLICATION LEADS TO EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION IN MY APPLICATION OR INTERVIEW MAY RESULT IN MY RELEASE.

Signature	Date
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