

MEADE COUNTY FISCAL COURT

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

PLEASE PRINT

Date of Application _____

PERSONAL INFORMATION

Social Security Number ____ - ____ - ____

Date of Birth _____

Legal Name _____

Last _____

First _____

Middle _____

Present Address _____

Street _____

City _____

State _____

Zip _____

Permanent Address _____

Street _____

City _____

State _____

Zip _____

Phone No. (Home) (____) ____ - ____

(Cell) (____) ____ - ____

Referred By _____

Are you 18 years of age or older? ___YES ___NO

EMPLOYMENT DESIRED

Date you can start _____

Salary Desired _____ OR Wage per hour _____

Are you employed now? ___YES ___NO If, so may we contact your present employer? ___YES ___NO

Ever applied to Meade County Fiscal Court before? ___YES ___NO

Department? _____ When? _____

Department(s) for which employment is desire _____ **Position** _____

EDUCATION

	Name/Location of School	Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
High School	_____		YES	
	_____		NO	
College	_____		YES	
	_____		NO	
Trade, Graduate, Business or Correspondence School	_____		YES	
	_____		NO	

GENERAL

Subjects of Special Study or Research Work _____

Job Related Skills (computer, driver's license certification, **CDL**, etc.) _____

Have you ever been convicted of a felony? Yes No If yes, please explain. _____

(Continue on Other Side)

EMPLOYMENT HISTORY

List below your last four employers, starting with the last one first.

Date Month/Year	Employer Name/Address	Phone Number	Supervisor	Salary (upon leaving)	Position	Reason for Leaving
From						
To						
From						
To						
From						
To						
From						
To						

REFERENCES

List below three persons not related to you, whom you have known at least one year.

Name	Address	Phone Number	Position	Years Acquainted
1				
2				
3				

If you are to be hired by Meade County Fiscal Court (MCFC), you will be required to attest to your identity and employment, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the MCFC.

I understand that any employment is conditioned on a background check. I authorize the MCFC to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character, and general reputation to the MCFC, without giving me prior notice of such disclosure. In addition, I release the MCFC, any former employers and all references listed above from any and all claims, demands, or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or MCFC. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the MCFC unless made in writing by an authorized MCFC representative.

If I am offered employment I agree to submit to a medical examination and drug test, if required, before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the MCFC and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the MCFC the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, if required, and if I am hired a condition of my employment will be that I abide by the MCFC's Drug and Alcohol Policy.

I understand that acceptance of this form does not indicate there is a position open and does not obligate the MCFC to hire. If hired, I agree to abide by all MCFC work rules, policies, and procedures. The MCFC retains the right to revise its policies or procedures, in whole or in part, at any time.

Date _____

Signature _____