STEWART COUNTY GOVERNMENT –
A DRUG-FREE WORKPLACE
APPLICATION FOR EMPLOYMENT

PERSONAL			
Applicant's Name (Last)	(First)	(MI)	Social Security Number
Mailing Address			Work Telephone Number
City	State	Zip Code	Home Telephone Number

Are You Age 18 or Over Yes No If Under 18, Please List Age

Are You Seeking A: Full-Time Only Part-Time Only Full Or Part-Time

How Many Hours Can You Work Weekly? | Date Available to Begin

Have You Ever Been Employed By This Organization In The Past? Yes No

I Certify That Am A U.S. Citizen, Permanent Resident, Or a Foreign National With Authorization To Work In The United States. Yes No

Have You Ever Been Convicted Of, Or Entered A Plea Of Guilty, No Contest, Or Had A Withheld Judgment To A Felony? Yes No

If Yes, Please Explain:

Do You Have A Driver's License? Yes No | Issued In What State?

EDUCATION

Name of School	Location of School	Degree	Date Completed

If Necessary, May We Request Copies of Transcripts From These Educational Institutions? Yes No

EMPLOYMENT HISTORY Begin With Your Most Recent Job

Job Title

Dates Worked From_____To_____ | Pay_____ Per_____

Name of Employer | Name of Supervisor

Address City State Zip Code

Telephone Number

Duties Performed:

Reason For Leaving:

May We Contact This Employer? Yes No

Stewart County Government Is An Equal Opportunity Provider And Employer

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Job Title			
Dates Worked From_____ To_____		Pay	Per _____
Name of Employer		Name of Supervisor	
Address	City	State	Zip Code
Telephone Number			
Duties Performed:			
Reason For Leaving:			
May We Contact This Employer? Yes No			
Job Title			
Dates Worked From_____ To_____		Pay	Per_____
Name of Employer		Name of Supervisor	
Address	City	State	Zip Code
Telephone Number			
Duties Performed:			
Reason For Leaving:			
May We Contact This Employer? Yes No			

PERSONAL REFERENCES: List The Names of Three References. Exclude Relatives and Former Employers.

Name	Telephone Number	Relationship	
Address		State	Zip Code
Name	Telephone Number	Relationship	
Address	City	State	Zip Code
Name	Telephone Number	Relationship	
Address	City	State	Zip Code

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Signature	Date

NOTE: STEWART COUNTY GOVERNMENT REQUIRES PRE-EMPLOYMENT DRUG SCREENING.

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