



Boyle County Fiscal Court Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, national origin, age disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT (if filling out paper copy)

Position(s) You Are Applying For	Date of Application
----------------------------------	---------------------

How Did You Learn About Us? Advertisement Relative Inquiry
 Employment Agency Friend Other _____

Last Name	First Name	Middle Name
-----------	------------	-------------

Address Number	Street	City	State Abbrev.	Zip Code
----------------	--------	------	---------------	----------

Contact Number #1	Contact Number #2	E-Mail Address
-------------------	-------------------	----------------

Have you previously been employed by Boyle County Fiscal Court? YES NO If YES, Give date of employment

Do you have relatives or friends (other than spouse) employed here? YES NO

Are you currently employed? YES NO

May we contact your current employer? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? YES NO
Proof of citizenship or immigration status will be required upon employment

Date you are available for work	What is your desired salary range?	Per Hour or Annual Salary / Range \$
---------------------------------	------------------------------------	---

Are you available to work: Full Time *Indicate what shift(s) you are available to work* 1ST 2nd 3rd
 Part Time *Indicate time you are available to work* Morning Afternoon Evening
 Temporary *Indicate dates available to work* TO

Are you presently a member of the National Guard or other military reserves? YES NO

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School			Course of Study	Diploma / Degree
High School	NAME				<input type="checkbox"/> YES <input type="checkbox"/> NO
	CITY	STATE	ZIP		
Undergraduate College	NAME				<input type="checkbox"/> YES <input type="checkbox"/> NO
	CITY	STATE	ZIP		
Graduate/ Professional	NAME				<input type="checkbox"/> YES <input type="checkbox"/> NO
	CITY	STATE	ZIP		
Other (Specify) Vocational Training, Military, etc.	NAME				<input type="checkbox"/> YES <input type="checkbox"/> NO
	CITY	STATE	ZIP		

Describe any specialized training, apprenticeship, skills and extra-curricular activities

List professional, trade, business, or civic activities and offices held

You may exclude membership information which would reveal gender, race, religion, national origin, age, ancestry, disability or any other protected status

Is there any additional information you feel would be helpful to us in considering you for employment (Not Mandatory)

EMPLOYMENT EXPERIENCE

FROM	<i>MM/YY</i>	EMPLOYER	EMPLOYER PHONE #	POSITION / WORK PERFORMED
TO	<i>MM/YY</i>	ADDRESS	HOURLY RATE / SALARY	REASON FOR LEAVING
			\$	
FROM	<i>MM/YY</i>	EMPLOYER	EMPLOYER PHONE #	POSITION / WORK PERFORMED
TO	<i>MM/YY</i>	ADDRESS	HOURLY RATE / SALARY	REASON FOR LEAVING
			\$	
FROM	<i>MM/YY</i>	EMPLOYER	EMPLOYER PHONE #	POSITION / WORK PERFORMED
TO	<i>MM/YY</i>	ADDRESS	HOURLY RATE / SALARY	REASON FOR LEAVING
			\$	
FROM	<i>MM/YY</i>	EMPLOYER	EMPLOYER PHONE #	POSITION / WORK PERFORMED
TO	<i>MM/YY</i>	ADDRESS	HOURLY RATE / SALARY	REASON FOR LEAVING
			\$	

REFERENCES

NAME	CONTACT #
ADDRESS	
NAME	CONTACT #
ADDRESS	
NAME	CONTACT #
ADDRESS	

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete.

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the **EMPLOYEE** may resign at any time and that the **EMPLOYER** may discharge the **EMPLOYEE** at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such a change is specifically acknowledged in writing by an authorized executive of this organization.

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 employer.

Signature of Applicant

Date

(Print name if filling out online)