



# 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
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How Did You Learn About Us?   
 Advertisement   
 County Employee   
 County Web Site  
 Temp Agency   
 Friend/Relative   
 Other \_\_\_\_\_

Last Name	First Name	Middle Name
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Address Number	Street	City	State Abbrev.	Zip Code
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Contact Number #1	Contact Number #2	E-Mail Address
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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  
If Yes, please list their name(s): \_\_\_\_\_

Are you currently employed?   
 YES   
 NO

May we contact your current employer?   
 YES   
 NO

Are you legally authorized to work in the United States of America?   
 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 \$
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Are you available to work:   
 Full Time    *Indicate what shift(s) you are available to work*   
 1<sup>ST</sup>   
 2<sup>nd</sup>   
 3<sup>rd</sup>  
 Part Time    *Indicate time you are available to work*   
 Morning   
 Afternoon   
 Evening  
 Temporary    *Indicate dates available to work*   
 TO

Have you been convicted of a felony within the last 7 years? Do not include convictions that were sealed or expunged pursuant to a court order. (Mark One)  
 YES   
 NO   
If Yes, please explain. Use additional paper if necessary.

**Please note that a "Yes" answer will not necessarily disqualify from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions.**

## EDUCATION

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

## Military Service

Branch \_\_\_\_\_ Date of Service: Start \_\_\_\_\_ Stop \_\_\_\_\_ Final Rank \_\_\_\_\_

Do you have an active / valid drivers license?  YES  NO      CDL?  YES  NO

**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)