



## U.S. MILITARY SERVICE

If you have served in the U.S. Military, please provide the following information:

\_\_\_\_\_

Branch of Service

From: \_\_\_\_\_ To: \_\_\_\_\_

Dates Served Type of Discharge

### EDUCATION / SKILLS

EDUCATIONAL LEVEL	NAME	CITY	STATE	CIRCLE YRS. COMPLETED	UNITS COMPLETED	DEGREE	MAJOR
HIGH SCHOOL	_____	_____	_____	9 10 11 12			
	_____	_____	_____				
COMMUNITY or JUNIOR COLL.	_____	_____	_____	1 2			
	_____	_____	_____				
BUSINESS or TRADE SCHOOL	_____	_____	_____	1 2			
	_____	_____	_____				
COLLEGE or UNIVERSITY	_____	_____	_____	1 2 3 4			
	_____	_____	_____				
GRADUATE SCHOOL	_____	_____	_____				
	_____	_____	_____				

### COMPUTER SOFTWARE SKILLS

COMPUTER SOFTWARE	NAME OF SOFTWARE	YOUR PROFICIENCY WITH THE SOFTWARE
Word Processing	_____	<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Spreadsheet	_____	<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Database	_____	<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Other	_____	<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar

### LICENSES / CERTIFICATIONS / ORGANIZATIONS

PROFESSIONAL LICENSES and CERTIFICATIONS (Job Related)	TYPES OF LICENSES and CERTIFICATES	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO / YR

  

PROFESSIONAL, SCHOLASTIC and OTHER ORGANIZATIONS (Job Related)	NAME	DATE	NAME	DATE

Exclude memberships that indicate your race, religion, color, national origin, ancestry, sex, age, disability or veteran status

### JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED

## EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEARS WORK HISTORY  
AND MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME

LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK.  
BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES, OR COMMISSIONS.

FROM (Mo/Yr) _____	TO (Mo/Yr) _____	YOUR POSITION _____
EMPLOYER: _____	YOUR SUPERVISOR: _____	PHONE: _____
ADDRESS: _____	TYPE OF BUSINESS: _____	REASON FOR LEAVING: _____
BASE SALARY _____ / _____	<input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> HOURLY	OTHER COMPENSATION: _____
START _____	FINAL _____	
BRIEF DESCRIPTION OF YOUR DUTIES AND RESPONSIBILITIES: _____		

FROM (Mo/Yr) _____	TO (Mo/Yr) _____	YOUR POSITION _____
EMPLOYER: _____	YOUR SUPERVISOR: _____	PHONE: _____
ADDRESS: _____	TYPE OF BUSINESS: _____	REASON FOR LEAVING: _____
BASE SALARY _____ / _____	<input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> HOURLY	OTHER COMPENSATION: _____
START _____	FINAL _____	
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ADDRESS: _____	TYPE OF BUSINESS: _____	REASON FOR LEAVING: _____
BASE SALARY _____ / _____	<input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> HOURLY	OTHER COMPENSATION: _____
START _____	FINAL _____	
BRIEF DESCRIPTION OF YOUR DUTIES AND RESPONSIBILITIES: _____		

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BASE SALARY _____ / _____	<input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> HOURLY	OTHER COMPENSATION: _____
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EMPLOYER: _____	YOUR SUPERVISOR: _____	PHONE: _____
ADDRESS: _____	TYPE OF BUSINESS: _____	REASON FOR LEAVING: _____
BASE SALARY _____ / _____	<input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> HOURLY	OTHER COMPENSATION: _____
START _____	FINAL _____	
BRIEF DESCRIPTION OF YOUR DUTIES AND RESPONSIBILITIES: _____		

(ATTACH ADDITIONAL PAGE IF NECESSARY)

## EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity.


## EMERGENCY CONTACT

NAME _____	RELATIONSHIP _____
ADDRESS _____	CITY, STATE, ZIP _____
HOME PHONE _____	BUS. PHONE _____

WCFM001  
approved 8-11-03



**FAIR CREDIT REPORTING ACT  
Disclosure and Authorization Statement**

**To: All Applicants For Employment** (Please Read Carefully Before Signing Below)

In processing my application for employment, I understand Walker County, its representatives, employees or agents may obtain a consumer report and investigative consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens, and information about my criminal background consistent with state and federal law.

I understand that upon written request to Walker County, I will be informed whether an investigative consumer report through a consumer reporting agency was requested and I will be given information as to the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or others with whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize Walker County to obtain a consumer report and an investigative consumer report on me as part of the pre-employment background and investigation process. If I am offered employment, I further authorize Walker County to obtain additional consumer and investigative consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

**IF APPLYING FOR LAW ENFORCEMENT: YOU MUST HAVE YOUR SIGNATURE NOTARIZED.**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_,

SIGNATURE OF NOTARY \_\_\_\_\_

(SEAL)

**(PLEASE RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)**

**VOLUNTARY CONSENT TO PRE-EMPLOYMENT DRUG TESTING**

Applicant Name: \_\_\_\_\_  
(Please Print)

Walker County has a vital interest in maintaining safe, healthy, and efficient working conditions for its employees. Using or being under the influence of drugs may pose serious safety and health risks not only for the user but his / her co-workers and the public.

By signing this Notice, the applicant understands and voluntarily agrees to submit to pre-employment drug screening. The applicant further agrees to release Walker County and its directors, agents, employees, subsidiaries and affiliated concerns from any and all liability, claims, demands, damages, and causes of action of every kind and nature arising out of the pre-employment drug screening and any decision concerning employment made by Walker County, in whole or in part, based upon the results of the pre-employment drug screen.

**ANY APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT WITH WALKER COUNTY.**

Refusal of any applicant to agree to pre-employment drug screening at this time does not preclude an applicant from applying for employment with Walker County at some future when the applicant will agree to conform to our policies.

I understand that my offer of employment with Walker County is contingent upon my taking and passing a test for the presence of illegal drugs. I further understand and agree that I may be terminated from Walker County should the results be positive for the presence of illegal drugs. I voluntarily consent to have a sample of my urine collected for the purpose drug testing. In the event I should submit two or more samples for drug screening in connection with my application for employment, I understand that each sample must be negative for the presence of illegal drugs. The drug test will be conducted by a clinical laboratory. I hereby authorize the results of this testing to be released to Walker County. This consent is subject to revocation at any time upon written notice. I understand that I may receive a copy of this consent form upon written request.

**IF APPLYING FOR LAW ENFORCEMENT: YOU MUST HAVE YOUR SIGNATURE NOTARIZED.**

Signature of Applicant: \_\_\_\_\_

Date Signed: \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_,

SIGNATURE OF NOTARY \_\_\_\_\_

(SEAL)

*(To be maintained on file with Employment Application)*