

## Marshall County Employment Application

### ***Personal Information***

Name \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

City/State/Zip Code- \_\_\_\_\_

Home Telephone \_\_\_\_\_ Message Telephone \_\_\_\_\_

### ***Other Employment Related Information***

Check the following options that you would consider: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary

List Any Relative(s) Working for Marshall County

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Name: \_\_\_\_\_ Department: \_\_\_\_\_

If a Minor, Current Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Can you, after employment, submit a birth certificate or other proof of U.S. Citizenship? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not a U.S. Citizen, can you after, employment, submit verification of your legal right to work permanently in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Were you previously employed by Marshall County \_\_\_\_\_ Yes \_\_\_\_\_ No

Date: \_\_\_\_\_ Department \_\_\_\_\_ Position \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Have you ever been convicted of a felony or a misdemeanor?  
 Resulting in imprisonment or a fine over \$500 during the last ten years? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 (Conviction will not necessarily disqualify an applicant.)

Do you have the ability to perform the job-related functions of the job applied for? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer to the above question is no, please describe what accommodations would enable you to perform the job-related functions of the job applied for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ***Education and Training***

Name of High School Attended, Address: \_\_\_\_\_

Year Graduated \_\_\_\_\_ Vocational/Technical Classes Studied \_\_\_\_\_

College, Address \_\_\_\_\_

Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_ Degree/Year: \_\_\_\_\_

Trade School, Address: \_\_\_\_\_ Subject: \_\_\_\_\_ Program Completed \_\_\_\_\_

Apprentice School, Address: \_\_\_\_\_ Subject: \_\_\_\_\_ Program Completed \_\_\_\_\_

List any other education, training, special skills or certificates/licenses that you possess related to the position or that you feel would be of benefit to Marshall County: \_\_\_\_\_

List any machines or equipment that you are qualified and experienced at operating that would assist you in filling this position: \_\_\_\_\_

### **References**

Business: List businesspersons who have known you at least three years and who are not related to you:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Years Known: \_\_\_\_\_

### *Personal or Character References:*

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

### **Work Experience**

List the last 10 years of your work experience, beginning with the most recent

Name of Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Starting Title: \_\_\_\_\_ Last Title: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Name, Title of Supervisor: \_\_\_\_\_ May We Contact? Yes \_\_\_ No \_\_\_

Name of Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Starting Title: \_\_\_\_\_ Last Title: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Name, Title of Supervisor: \_\_\_\_\_ May We Contact? Yes \_\_\_ No \_\_\_

Name of Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Starting Title: \_\_\_\_\_ Last Title: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Name, Title of Supervisor: \_\_\_\_\_ May We Contact? Yes \_\_\_ No \_\_\_

Name of Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Starting Title: \_\_\_\_\_ Last Title: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Name, Title of Supervisor: \_\_\_\_\_ May We Contact? Yes \_\_\_ No \_\_\_

Name of Employer: \_\_\_\_\_ Title: \_\_\_\_\_  
 Name of Business: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Starting Title: \_\_\_\_\_ Last Title: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_  
 Name, Title of Supervisor: \_\_\_\_\_ May We Contact? Yes \_\_\_ No \_\_\_

**Driver Applicants**

Do you have a valid driver's license in the State of Oklahoma? \_\_\_\_\_ Yes \_\_\_ No \_\_\_ Type of License \_\_\_\_\_  
 Drivers License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Any Restrictions: \_\_\_\_\_  
 List any moving violations during the past five years: \_\_\_\_\_

**Position Sought**

\_\_\_ Laborer    \_\_\_ Truck Driver    \_\_\_ Mechanic    \_\_\_ Courthouse Deputy    \_\_\_ Equipment Operator  
 \_\_\_ Janitorial    \_\_\_ Secretarial    \_\_\_ Clerical    \_\_\_ Maintenance    \_\_\_ Other \_\_\_\_\_

**Applicant's Certification**

*Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.*

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and statements made by me in this application are correct and complete. I understand that any false information contained in this application may result in my discharge.

I authorize you to communicate with all my former employers school officials and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information. I understand that Marshall County will conduct a background check.

I understand that as Marshall County deems necessary, I may be required to work overtime hours or hours outside normally defined workday or workweek. If employed, I understand and agree that such employment may be terminated at any time for any reason not prohibited by law and without any liability to me for any continuation of salary, wagers, or employment-related benefits (not required by law).

I further understand that Marshall County does random drug test and that I agree to submit to these drug tests.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*The filling out and returning of this application to the County does not guarantee employment and doe does not constitute an offer of employment.*

*EEO/ADA Statement: Marshall County does not discriminate based on religion, sex, age, national origin, political affiliation, mental or physical ability in its hiring or employment practices.*

**Date and Action Taken:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_