

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 business persons 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 5 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 does not constitute an offer of employment.

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

Date and Action Taken: _____

