

EMPLOYMENT HISTORY(Start with Most Recent)

Employer:	From:	To:	Phone:
Job Title:	Describe Job Duties:		
Supervisor:			
Starting Salary:			
Ending Salary:	Reason for Leaving:		
May we Contact The Above Employer: YES___ NO___			

Employer:	From:	To:	Phone:
Job Title:	Describe Job Duties:		
Supervisor:			
Starting Salary:			
Ending Salary:	Reason for Leaving:		
May we Contact The Above Employer: YES___ NO___			

Employer:	From:	To:	Phone:
Job Title:	Describe Job Duties:		
Supervisor:			
Starting Salary:			
Ending Salary:	Reason for Leaving:		
May we Contact The Above Employer: YES___ NO___			

MILITARY SERVICE

Branch:	From:	To:
Rank:	Type of Discharge:	
Duties:		

REFERENCES

NAME AND ADDRESS	OCCUPATION	PHONE NUMBER AND EMAIL

Applicants may attach a copy of their resume and/or certifications if they wish, however this application must be completed and signed prior to being considered for any position with the department.

Applications MUST include a copy of your current DMV driving record and criminal background check in order to be considered. If you have lived at your current address for less than 6 months you must provide a criminal background check from the previous county or location.

EMERGENCY CONTACT

NAME:	RELATIONSHIP:
CELL PHONE:	HOME PHONE:
EMAIL:	

APPLICANT: Read and Sign Below

The information provided by me in this application for volunteer/employment is true, complete and accurate to the best of my knowledge. I understand that if I am employed or accepted as a volunteer that any false statement will be considered a cause for immediate dismissal.

APPLICANT SIGNATURE: _____

DATE: _____

The following items will be requested after your application has been approved:

- Copy of your valid Driver's License
- Copy of your Social Security Card
- Copy of your Immunization Record, proof of Hep B immunizations, or the Hep B Declination Wavier
- Applicant to Obtain or show proof of recent TB skin test
- Complete and submit an I-9 form with supporting documents

