



*Applicant name* \_\_\_\_\_

Please list **ALL** instances in which you were convicted as an **ADULT** for crimes (misdemeanors or felonies), ordinance violations, traffic violations, founded child or dependent adult abuse and the like. Also, please list all criminal charges (misdemeanors or felonies) currently pending against you. Failure to include all information requested under this section may result in denial of employment.

Please explain below (you may attach another sheet if necessary). *Approximate dates may be listed.*

Date	Location	Charge	Court	Disposition of Case

*NOTE: A conviction record or pending arrest record does not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position or if the employer deems there is a bona fide occupational inherent in the position which requires this information prior to hiring.*

**Training beyond high school:**

College or university, technical, nursing, business college or other schools you have attended.

Name, location and phone number	Presently attending	Major field	Type of degree received	Credits earned	GPA

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, law enforcement academy, in-service training. Please provide dates.

Circle last year of school completed:    6 7 8 9 10 11 12 13 14 15 16 17 18

**Special skills & qualifications – this information must be provided if you are applying for a position requiring these skills:**

Experience transcribing mechanically-recorded material? \_\_\_ Yes \_\_\_ No

    Typing speed (if known): \_\_\_\_\_WPM

Experience using a 10-key adding machine? \_\_\_ Yes \_\_\_ No

    \_\_\_\_\_KPM

List any additional office equipment which you can operate skillfully: \_\_\_\_\_

List all computer software which you can operate skillfully: \_\_\_\_\_

Are you a certified Law Enforcement Officer? \_\_\_ Yes \_\_\_ No

    Date certified: \_\_\_\_\_ State certified by: \_\_\_\_\_

**List any memberships in professional or technical associations:**

**List any current license or registration as a member of a trade or profession:**

Applicant name \_\_\_\_\_

IMPORTANT: You must complete the employment section of this application. Please list a minimum of prior three years' experience and education. Use a special sheet of paper for additional employers. You may attach a resume to further explain your qualifications.

**EMPLOYMENT SECTION: (Please start with your most recent position- include military service)**

From (month & year)	Title of you PRESENT/MOST RECENT position:		PRIMARY DUTIES:
To (month & year)	Employer's Name (Company Name)	Phone Number	
Hours each week:	Address		
Full time _____ Part time _____ Temporary _____	Name and title of supervisor:		
Starting Salary (indicate yearly, monthly or hourly):	If currently employed, may we contact that employer?  _____ Yes _____ No	Reason for leaving or considering change:	
Present Salary (indicate yearly, monthly or hourly):	Number of employees you supervise:	Were you involuntarily discharged? _____ Yes _____ No	

From (month & year)	Title of position held:		PRIMARY DUTIES:
To (month & year)	Employer's Name (Company Name)	Phone Number	
Hours each week:	Address		
Full time _____ Part time _____ Temporary _____	Name and title of supervised:		
Starting Salary (indicate yearly, monthly or hourly):	If currently employed, may we contact that employer?  _____ Yes _____ No	Reason for leaving or considering change:	
Last Salary (indicate yearly, monthly or hourly):	Number of employees you supervise:	Were you involuntarily discharged? _____ Yes _____ No	

From (month & year)	Title of position held:		PRIMARY DUTIES:
To (month & year)	Employer's Name (Company Name)	Phone Number	
Hours each week:	Address		
Full time _____ Part time _____ Temporary _____	Name and title of supervised:		
Starting Salary (indicate yearly, monthly or hourly):	If currently employed, may we contact that employer?  _____ Yes _____ No	Reason for leaving or considering change:	
Last Salary (indicate yearly, monthly or hourly):	Number of employees you supervise:	Were you involuntarily discharged? _____ Yes _____ N	

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**OTHER EXPERIENCE**

(Include volunteer experience, internships, and/or jobs, not included in the employment section.)

Company Name/Location	Job Title	Dates Employed (month/year)		Annual Salary	Full or Part-time
		From:	To:		
		From:	To:		

Please explain any gaps in employment. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently **unemployed**? \_\_\_\_ No \_\_\_\_ Yes, since \_\_\_\_\_

Are you a veteran? \_\_\_\_ No \_\_\_\_ Yes, please provide dates of service or Form DD214.  
\_\_\_\_\_

**REFERENCES**

Work or education related (e.g. former employers, supervisors, co-workers, school faculty). No relatives/significant others.

NAME/ADDRESS/TELEPHONE	OCCUPATION	NATURE OF RELATIONSHIP

I hereby certify that all statements made on or in connection with my application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

*Page County is committed to the equality of opportunity for all people. It is the policy of Page County to provide equal employment opportunities for all individuals on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State military forces, use or nonuse of lawful products off the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date