

SOUTHAMPTON COUNTY APPLICATION FOR EMPLOYMENT

EMPLOYEES OF SOUTHAMPTON COUNTY AND APPLICANTS FOR EMPLOYMENT SHALL BE AFFORDED
EQUAL OPPORTUNITY IN ALL ASPECTS OF EMPLOYMENT WITHOUT REGARD TO RACE, COLOR,
RELIGION, POLITICAL AFFILIATION, NATIONAL ORIGIN, DISABILITY, SEX OR AGE.

PERSONAL INFORMATION

DATE _____

NAME _____
LAST FIRST MIDDLE

TELEPHONE _____

ADDRESS _____
NO. STREET CITY STATE ZIP

SSN _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

PHYSICAL RECORDDO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PREVENT YOU FROM PERFORMING ANY WORK
FOR WHICH YOU ARE BEING CONSIDERED? YES ___ NO ___

IF YES, PLEASE DESCRIBE: _____

EDUCATION

NAME AND LOCATION OF SCHOOL

NO. OF
YEARS
ATTENDEDDID YOU
GRADUATESUBJECTS
STUDIED

GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, CORRESPONDENCE, OTHER				

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

U.S. MILITARY OR NAVAL SERVICE? _____ RANK _____

PRESENT MEMBERSHIP IN NATL. GUARD OR RESERVES? _____

REFERENCES

(NOT FORMER EMPLOYERS OR RELATIVES)

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

Please provide information requested for present and past employment beginning with the most recent.

Name of Company	From Mo./Yr.	To Mo./Yr.	Starting Salary \$ /mo.	Ending Salary \$ /mo.
Address	Duties:			
Telephone				
Type of Business				
Reason for Leaving				

Name of Company	From Mo./Yr.	To Mo./Yr.	Starting Salary \$ /mo.	Ending Salary \$ /mo.
Address	Duties:			
Telephone				
Type of Business				
Reason for Leaving				

Name of Company	From Mo./Yr.	To Mo./Yr.	Starting Salary \$ /mo.	Ending Salary \$ /mo.
Address	Duties:			
Telephone				
Type of Business				
Reason for Leaving				

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE WITH REGARD TO MY PERSONAL CHARACTER AND PROFESSIONAL CONDUCT AND OTHER PERTINENT INFORMATION, PERSONAL OR OTHERWISE, AND HEREBY RELEASE ALL PARTIES FROM ANY LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.

DATE _____

SIGNATURE _____