

# Application For Employment

Miller County

“Miller County is an equal opportunity employer and shall not discriminate against an employee or applicant for employment due to race, color, religion, sex, age, marital status, national origin, or handicapped status, unless based upon a bonafide occupational qualification. If you believe that you have been discriminated against, you notify the County’s Equal Employment Opportunity Officer or the Missouri Commission of human rights.”

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Referred By: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle/Maiden

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_ W

If employed and you are under 18, can you furnish a work permit? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A

Have you filed an application here before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, date: \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, date: \_\_\_\_\_

Are you employed now? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, where: \_\_\_\_\_

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

On what date would you be available for work? \_\_\_\_\_

Are you available to work? \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary

Are you on a lay-off and subject to recall? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Do you type? \_\_\_\_\_ Yes \_\_\_\_\_ No Number of words per minute: \_\_\_\_\_

Have you used a computer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you used Microsoft XP? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever used Microsoft Word? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever used a transcriber? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a United States Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

Veteran of U.S. Military Services? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what branch? \_\_\_\_\_

Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position for which your are applying? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

List professional, trade, business or civic activities and offices held.

Give name, address and telephone number of three references that are NOT related to you and are NOT previous employers.

## EDUCATION

Elementary	High	College/University	Graduate
School Name	School Name	School Name	School Name
Years Completed	Years Completed	Years Completed	Years Completed
1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4

Describe specialized training, apprenticeship, skills and extra-curricular activities.

State any additional information you feel may be helpful to us in considering your application.

# EMPLOYMENT EXPERIENCE

Exclude organization names, which indicate race, color religion, sex, or national origins Start with you're present or last job.

Employer:	Dates Employed:	Work Performed
Address:	Hourly Rate/Salary	
Job Title:		
Supervisor:		
Reason for Leaving:		

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# Qualification Form

**Amendments to the Federal Gun Control Act** prohibit any person who has ever been convicted of a misdemeanor involving domestic violence from possessing any firearm or ammunition. The law defines a misdemeanor crime of domestic violence as an offense, under either state or federal law, where the crime has “an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with the victim as a spouse, parent or guardian, or by a person similarly situated to a spouse, parent or guardian of the victim.”

1. Have you ever been convicted of a misdemeanor crime of domestic violence? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. If yes, provide the following information with respect to the conviction(s):

Court/Jurisdiction: \_\_\_\_\_ Statute/Charge: \_\_\_\_\_

Docket/Case Number: \_\_\_\_\_ Date of Judgment: \_\_\_\_\_

**You have a duty** to complete this form and sign before a notary. Internal disciplinary action, including dismissal, maybe undertaken if you refuse to answer or if you fail to reply fully and truthfully. Neither your answers nor any information or evidence gained by reason of your answers can be used against you in any criminal prosecution for a violation of this law. However, the answers you give and information or evidence resulting there from may be used against you in a prosecution for knowingly and willfully providing false statements or information, and/or in the course of Internal disciplinary proceedings.

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**I hereby certify** that the above information is true, correct and complete based on my personal knowledge and belief. I understand that providing false or fraudulent information may be grounds for adverse action, up to and including termination of employment.

Name (print or type): \_\_\_\_\_

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

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

Subscribed and sworn to before me the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Commissioned in: \_\_\_\_\_ County, Missouri

Notary Public: \_\_\_\_\_

Commission Date: \_\_\_\_\_

# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that unless otherwise defined by applicable law any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at anytime and the Employer may discharge the Employee at anytime with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or be conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the Employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: \_\_\_\_\_ Yes \_\_\_\_\_ No

Remarks: \_\_\_\_\_

Employed: \_\_\_\_\_ Yes \_\_\_\_\_ No      Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_      Hourly Rate/Salary: \_\_\_\_\_

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

Department Head: \_\_\_\_\_      Date: \_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_

# Waiver

## AUTHORITY FOR RELEASE OF INFORMATION

PLEASE PRINT: Fill in complete name, including middle name. Do not use initials or nicknames. Provide any former names you may have used, including maiden or married names.

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

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Please list Cities/Countries/States where you have resided in the last 10 years and the approximate dates you resided in each location.

City	County	State	Dates

I hereby authorize the Miller County Sheriff's Department to conduct a comprehensive background investigation to the extent the Sheriff deems necessary. I agree to truthfully provide any and all information requested by the Miller County Sheriff's Department and further authorize all person or agencies contacted by the Miller County Sheriff's Department including but not limited to: Medical records, employment records, financial records, military service records, and any other information deemed necessary by the Miller County Sheriff's Department.

I further agree to hold harmless any person or agency who releases any information requested to Miller County Sheriff's Department. I understand that information gathered is to determine my suitability for employment by the Miller County Sheriff's Department and will be retained by the Miller County Sheriff's Department only for Pre-Employment determination purposes.

I have read the entire above waiver and understand its contents and purpose fully.

Signature: \_\_\_\_\_ Signature of Witness: \_\_\_\_\_

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