



CAPE GIRARDEAU COUNTY

EMPLOYMENT APPLICATION

Equal Opportunity Employer

DATE

POSITION APPLIED FOR
 Department: _____
 Title: _____
 Date Available: _____
 Minimum Acceptable Salary: _____
 Full-Time Part-Time Temporary

GENERAL INFORMATION & INSTRUCTIONS

- ◆ We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.
- ◆ Type or print in ink this application in its entirety.
- ◆ Specify the position for which you are applying. (Note: A separate resume may be attached)
- ◆ Sign your name in the Certification Section. All information you submit is subject to verification.

HOW MAY WE CONTACT YOU?

LAST NAME FIRST NAME M.I.
 SOCIAL SECURITY NUMBER
 ADDRESS
 CITY STATE ZIP
 HOME PHONE CELL PHONE BUSINESS PHONE
 E-MAIL ADDRESS

EDUCATION

HIGH SCHOOL:
 NAME / LOCATION OF SCHOOL RECEIVED: DIPLOMA OTHER (SPECIFY) NONE

Your name, if different while attending school: _____

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (Transcripts may be required)

Name of School	Location	Dates of Attendance (Month/Year)		Credit Hours Earned		Major/Minor Course of Study	Type of Degree Earned
		From	To	Qtr	Sem		

Your name, if different while attending school: _____

JOB-RELATED TRAINING OR COURSE WORK: (Vocational, Trade, Governmental, Business, Armed Forces, etc.)

Name of School	Location	Dates of Attendance (Month/Year)		Credit Hours Earned		Course of Study	Training Completed ?	
		From	To	Class	Clock		Yes	No
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

Your name, if different while attending school: _____

LICENSURE, REGISTRATION, CERTIFICATION: EXAMPLES: Driver License, Teacher Certification, RN, LPN, PE, CPA, etc.

LICENSE, REGISTRATION OR CERTIFICATION	NUMBER	DATE RECEIVED	EXPIRATION DATE	STATE LICENSING AGENCY

KNOWLEDGE / SKILLS/ ABILITIES: (KSAs)

List KSAs you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s), etc.

VETERAN INFORMATION (Most recent)			
Branch of Service:	Please describe any special skills or training acquired while in the service:	Date of Entry:	Date of Discharge:

Do you have a Driver's License? Yes No

Driver's License Number _____ State of issue _____

<input type="checkbox"/> Operator	<input type="checkbox"/> Commercial CDL
<input type="checkbox"/> Chauffeur	<input type="checkbox"/> Other

Expiration date _____

What is your means of transportation to work? _____

Have you had any accidents during the past three years? Yes No If yes, how many? _____

Have you had any moving violations during the past three years? Yes No If yes, how many? _____

WORK EXPERIENCE (Most recent first)

Employer	Telephone Number () -	From (Month / Year)
Address		To (Month / Year)
Job Title	Number Employees Supervised	Hours Per Week
Specific Duties		Last Salary
		Supervisor
Reason for leaving?	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Telephone Number () -	From (Month / Year)
Address		To (Month / Year)
Job Title	Number Employees Supervised	Hours Per Week
Specific Duties		Last Salary
		Supervisor
Reason for leaving?	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Telephone Number () -	From (Month / Year)
Address		To (Month / Year)
Job Title	Number Employees Supervised	Hours Per Week
Specific Duties		Last Salary
		Supervisor
Reason for leaving?	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES (Please list two references other than relatives or previous employers)

Name	Name
Position	Position
Company	Company
Address	Address
Telephone Number () -	Telephone Number () -

PHYSICAL RECORD

Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes No

If yes, what can be done to accommodate your limitations?

Please describe:

In case of emergency notify:

Name	Address	Phone Number
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CERTIFICATION

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Cape Girardeau County government for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for county employment are public records except as exempted above. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and in good faith.

Signature	Date
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