County of Jackson Employment Application Form If you need assistance completing this form, assistance will be provided.

Equal Opportunity Employer - Discrimination in employment because of race, religion, creed, color, national origin, ancestry, age, sex, disability, or liability for service in the Armed Forces of the United States is prohibited by County policy. In addition, the County employment policy requires compliance with national and state employment practices, laws, and regulations. The County of Jackson is an equal opportunity employer.

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	State:		Zip Code:		
			Evening Phone:		
Security Nu	mber:				
ou 18 vears o	r older? O		eral Information		
•			O None O Operat		
e County of	Jackson ever er	mployed you	u? O Yes O	No	
state departme	nt(s) and date(s)	:	of Jackson, in the	1t	
u nave relativ	ves working for	the County	of Jackson, in the	iepartment for v	which you are
vous outer place				Vac ONe	
	guilty to or be	en convicte	d of a felony? O		
			d of a felony? O red only as it relates to		m the job)
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explain. (Note	: This answer wi	ll be consider	red only as it relates to	fitness to perfor	m the job)
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Dates of Service:

Employment History

Most recent experience first - Include ALL employers for the past four years. Explain any gaps in employment.

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		Telephor	Telephone:			
Date Started:	Date You Left:	Supervi	Supervisors Name and Title:			
			Wage:			
2. Company Name:		Telephor	Telephone:			
Date Started:	Date You Left:	Supervi	Supervisors Name and Title:			
Reason for Leavi	ng:	Wage:	Wage:			
3. Company Name: _Address:		Telephor	Telephone:			
Date Started: Reason for Leavi	Date You Left:	Supervi Wage:	Supervisors Name and Title: Wage:			
4. Company Name:		Telepho	Telephone:			
Date Started:	Date Vou Left:	Supervi	Supervisors Name and Title:			
Reason for Leavi	ng:	Wage:	sors realite and Title.	- V		
May we contact the	employers listed above	? O Yes	O No			
	Pe	ersonal Referen	ces			
Please list three indiv	viduals who are not rel	lated to you, do not li	ve with you, and have	e known you for three years.		
Name	Address	Telephone Number	Relationship	How long have you known this person?		
	۸ .ا .	ditional Informa	nti on			
Can you show proof	of eligibility to work i	ditional Information the U.S.?	O Yes O N	Мо		
	nt with the County, fe Individuals who do no			ments showing you are eligible the County.		
connection with emp my prior employers, concerning me, inclu- unemployment comp military service, and medical and, drug to	ployment consideration from any and all lianding, but not limited to be ensation records pub- d driving records. I	n. I hereby release all bility for any damage to school records, cre licly available, medi- further consent to to ideration for employ	Il parties, including by ge that may result from edit reports, criminal cal records related to take any skills, aptitudent. I understand	concerning my background in ut not limited to the County and om their furnishing information and arrest records, workers' and the job applied for, records of ide, psychological, personality falsification, misrepresentation in dismissal.		
and compensation m		or without cause an	d with or without no	ith the County, my employment tice at any time at the option of the of employment.		
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Signature:	r		Date:	1		