



CLAY COUNTY APPLICATION FOR EMPLOYMENT
 Pre-Employment Questionnaire
 Clay County is a DRUG FREE Work Place and an Equal Opportunity Employer

Please use ink, complete entire form, sign and attach additional pages if needed. Resumes may be attached.

Date: _____ Position Applying For: _____

Name: _____
First Middle Last Suffix

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Drivers License Number & State: _____ Type: _____

In Case of Emergency, whom do we notify: Name: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Are you 18 years of age or older? Yes No

Are you related to anyone currently employed by the County: Yes No

If so, please explain (List their name): _____

Have you ever been convicted of a felony or first-degree misdemeanor? Yes No If "YES", what charges?

Where convicted? _____ Date of Conviction: _____

Have you ever pled Nolo Contendere or pled guilty to a crime which is a felony or first degree misdemeanor?

Yes No If "YES", what charges?

Where convicted? _____ Date of Conviction: _____

Have you ever had the adjudication of guilt withheld for a crime which is a felony or a first degree misdemeanor?

Yes No If "YES", what charges?

Where convicted? _____ Date of Conviction: _____

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered.

Are you prevented from lawfully becoming employed in this country because of visa or Immigration Status? Yes No

Date you could start work: _____ Salary/Hourly rate desired? _____

Are you currently employed? Yes No If yes, may we contact your current employer? Yes No

Have you ever applied to work with the County before? Yes No

Did you serve in the Military? Yes No Which branch: _____

EDUCATION	NAME & LOCATION	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
High School				
College				
Graduate Studies				
Trade, Business or Other School				

Please list any special skills, certification or licenses you may have: _____

Former Employers (List your last three employers starting with the most recent)

DATES EMPLOYED	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION HELD	REASON FOR LEAVING
FROM: _____ TO: _____				
FROM: _____ TO: _____				
FROM: _____ TO: _____				

REFERENCES: Please list the name of three people not related to you, whom you have known at least one year.

NAME	ADDRESS	BUSINESS THEY ARE IN	YEARS KNOWN

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.. IN CONSIDERATION OF MY EMPLOYEMENT, I AGREE TO CONFORM TO THE COUNTY'S PERSONNEL POLICIES AND PROCEDURES AND I AGREE THAT MY EMPLOYEMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME, AT EITHER MY OR THE COUNTY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME BY THE COUNTY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE OTHER THAN ITS ADMINISTRATOR, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE ADMINISTRATOR, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. I ALSO UNDERSTAND THAT AS A CONDITION OF EMPLOYMENT, I WILL UNDERGO A PRE-EMPLOYMENT DRUG TEST, MOTOR VEHICLE RECORDS AND A BACKGROUND CHECK. BY SIGNING BELOW, I GIVE CONSENT TO PERFORM THE REQUIRED BACKGROUND CHECKS (DRIVERS AND/OR CRIMINAL).

Date: _____ Signed: _____

DO NOT WRITE BELOW THIS LINE

Hired on: _____ Position: _____

Department: _____ Rate: _____ per hour _____ per week

Starting date: _____

Department Head: _____ Administrator: _____