## EMPLOYMENT APPLICATION MARION COUNTY SHERIFF'S DEPARTMENT P.O. BOX 366 YELLVILLE, AR 72687

## An equal opportunity employer

OTHER EDUCATION

OTHER EDUCATION

Personal						
Name						(Middle)
(Last)		(First)	(First)			
(Street)			(City)		(State)	(Zip Code)
Telephone			Socia	l Security Number		
(Area (	Code)					
Driver's License Number			StateExpiration Date			
Have you ever been	convicted of a felor	ny?	Yes	No		
Are you a citizen of			Yes			
Explain Felony						
lab letavaat/C	الخالم					
Job Interest/Skills Position(s) applied for					Salary Desired	
., 11					·	
Have you applied for	or a position here be	fore?Yes	No If yes, v	vhen?		
Type of employment requestedFull Time		Full Time	Part Time	Temporary	Summer	
Date you could begin working			Typing Speed (WPM)			
Cummoniae ony eth	an ana aial abilla an a	ualifications				
Summarize any our	er special skills or q	uanneations				
Education						
TYPE OF SCHOOL	NAME AND	COURSE OF	# OF YEARS	GRADE AVERAGE	MAXIMUM GRADE	DEGREE,
	LOCATION	STUDY				DIPLOMA, CERTIFICATE AND HONORS RECEIVED
HIGH SCHOOL						
COLLEGE OR UNIVERSITY						

## **WORK HISTORY** 1. Name of Employer Address (Street) (City) (State) (Zip Code) Supervisor and Title\_\_\_\_\_\_ Your Title \_\_\_\_\_ Employed From\_\_\_\_\_ To Starting Salary Ending Salary Work Performed Reason for leaving 2. Name of Employer Address (City) (Street) (State) (Zip Code) Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_ Employed From To\_\_\_\_\_ Starting Salary\_\_\_\_\_ Ending Salary\_\_\_\_ Work Performed Reason for leaving\_\_\_\_\_ 3. Name of Employer\_\_\_\_\_ Address (City) (Zip Code) (Street) (State) Supervisor and Title\_\_\_\_\_\_\_Your Title\_\_\_\_\_\_ Employed From To Starting Salary\_\_\_\_\_ Ending Salary\_\_\_\_ Work Performed Reason for leaving **REFERENCES** Relationship **Home Phone Daytime Phone** Name

## **ACKNOWLEDGEMENT**

I CERTIFY THAT THE ANSWERS GIVEN BY ME IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSIFICATION OF THIS APPLICATION, WHETHER WILLINGLY OR ACCIDENTAL, IS GROUNDS FOR DISQUALITFICATION OF EMPLOYMENT CONSIDERATION, OR DISMISSAL FROM EMPLOYMENT IF I AM HIRED. I AUTHORIZE THE COMPANY TO CONTACT ANY AND ALL OF THE REFERENCES I HAVE LISTED ABOVE TO OBTAIN PREVIOUS EMPLOYMENT INFORMATION OR ANY OTHER PERTINENT INFORMATION THAT THEY MAY HAVE. FURTHER, I RELEASE THE ABOVE MENTIONED REFERENCES FROM ANY AND ALL LIABILITY FOR ANY DAMAGES THAT MAY RESULT FROM INFORMATION COLLECTED BY THIS COMPANY. VERIFICATION OF ELIGIBILITY TO WORK IN THE UNITED STATES MUST BE SATISFIED FOR AN OFFER TO BE MADE.

(Signature of Applicant)	(Date)