



Application for Faulkner County Employment

EQUAL OPPORTUNITY EMPLOYER

Last Name	First Name	Middle Name	Driver License Number
Street Address		City, State, Zip	
Best Phone (with Area Code)		Email Address	
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other			

Other names/aliases used:

Are you at least 18 years of age? (Proof of age will be required upon employment.) ☐ Yes ☐ No

Have you worked for a county or municipality before? ☐ Yes ☐ No

If yes, where:

Reserve Deputy Other (must specify): Patrol Deputy Detention Deputy

Desired pay: \$ (select one) Annually Hourly

Available start date:

Employment desired (select one): Full Time Part Time Temporary

Why do you want to work for the county?

SCHOOL	NAME	LOCATION	DATES ATTENDED	COURSE OR DEGREE
High School				
College/University				
Graduate Study				
Business School				
Other				

List and describe any special skills or qualifications you would like us to know about.

Are there any known workplace accommodations you would like the county to consider at this time?

☐ Yes ☐ No If yes, please explain:

U.S. MILITARY HISTORY

Have you ever served in the United States Armed Forces? ☐ Yes ☐ No

If yes, please give dates of service: From: To: Branch:

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please explain:

EMPLOYMENT BACKGROUND

Please start with present or most recent job (omit military service), and list employment for last ten years. Attach additional sheets if necessary.

Company/Organization Name		Phone Number
Full Address (include City, State, Zip)		
Type of Business	Employment Dates	
	From:	To:
Job Title	Starting Annual Salary	Ending Annual Salary
	\$	\$
Describe Your Job Duties		
Immediate Supervisor		Reason for Leaving
May we contact?	Direct Phone Number	Email Address
Yes No		

Company/Organization Name		Phone Number
Full Address (include City, State, Zip)		
Type of Business	Employment Dates	
	From:	To:
Job Title	Starting Annual Salary	Ending Annual Salary
	\$	\$
Describe Your Job Duties		
Immediate Supervisor		Reason for Leaving
May we contact?	Direct Phone Number	Email Address
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Company/Organization Name		Phone Number
Full Address (include City, State, Zip)		
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	From:	To:
Job Title	Starting Annual Salary	Ending Annual Salary
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Describe Your Job Duties		
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<input type="checkbox"/> Yes <input type="checkbox"/> No		

Company/Organization Name		Phone Number
Full Address (include City, State, Zip)		
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Job Title	Starting Annual Salary	Ending Annual Salary
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Immediate Supervisor		Reason for Leaving
May we contact?	Direct Phone Number	Email Address
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Company/Organization Name		Phone Number
Full Address (include City, State, Zip)		
Type of Business	Employment Dates	
	From:	To:
Job Title	Starting Annual Salary	Ending Annual Salary
	\$	\$
Describe Your Job Duties		
Immediate Supervisor		Reason for Leaving
May we contact?	Direct Phone Number	Email Address
<input type="checkbox"/> Yes <input type="checkbox"/> No		

REFERENCES

NAME	TITLE	COMPANY	BEST PHONE NUMBER

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I authorize the county to investigate all statements made in this application and to secure any necessary information from all employers, references, and academic institutions. I hereby release all those employers, references, academic institutions, and the county from any and all liability arising from the releasing or receiving of information regarding my employment history, academic credentials, or qualifications and my suitability for employment with the county. I understand that any false or misleading statements will be sufficient cause for rejection of my application if the county has not hired me and cause for immediate dismissal if the county has employed me. In the event of my employment with the county, I will comply with all official policies of the county set forth in any county policy manual or other communications distributed by the county.

Applicant's Signature

Date