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

☐ Cell ☐ Home ☐ 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:

Indicate which position you are applying for: ☐ Patrol Deputy ☐ Detention Deputy ☐ Reserve Deputy

☐ Other (must specify):

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? ☐ Yes ☐ No | Direct Phone Number | Email Address

Company/Organization Name | Phone Number

Full Address (include City, State, Zip)

Type of Business | Employment Dates From: To:

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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