

CLEVELAND COUNTY GOVERNMENT
APPLICATION FOR EMPLOYMENT
 (PLEASE PRINT)

| | | | | |
|---|--|------------|-----------------------|----------------|
| P E R S O N A L D A T A | SOCIAL SECURITY NUMBER | FIRST NAME | MIDDLE NAME | LAST NAME |
| | ADDRESS (Street Number and Name) | | CITY | STATE ZIP CODE |
| | PHONE (Home or Other Number Where You Can Be Reached) () | | BUSINESS PHONE () | |

| | | | | | | | | | | |
|--|---|--|--|-----------------------------------|--|--|---|--|-------------------------------------|--|
| A V A I L A B I L I T Y | <ul style="list-style-type: none"> • Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, give date _____ • When are you available to begin employment? _____ • Check the types of work you will accept: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Regular Full Time</td> <td><input type="checkbox"/> Regular Part Time</td> <td><input type="checkbox"/> Weekends</td> </tr> <tr> <td><input type="checkbox"/> Temporary Full Time</td> <td><input type="checkbox"/> Temporary Part Time</td> <td><input type="checkbox"/> Any of the above</td> </tr> <tr> <td><input type="checkbox"/> Rotating Shifts</td> <td><input type="checkbox"/> Night Work</td> <td></td> </tr> </table> • Position Applied For _____ | <input type="checkbox"/> Regular Full Time | <input type="checkbox"/> Regular Part Time | <input type="checkbox"/> Weekends | <input type="checkbox"/> Temporary Full Time | <input type="checkbox"/> Temporary Part Time | <input type="checkbox"/> Any of the above | <input type="checkbox"/> Rotating Shifts | <input type="checkbox"/> Night Work | |
| | <input type="checkbox"/> Regular Full Time | <input type="checkbox"/> Regular Part Time | <input type="checkbox"/> Weekends | | | | | | | |
| <input type="checkbox"/> Temporary Full Time | <input type="checkbox"/> Temporary Part Time | <input type="checkbox"/> Any of the above | | | | | | | | |
| <input type="checkbox"/> Rotating Shifts | <input type="checkbox"/> Night Work | | | | | | | | | |
| JOB NUMBER _____ POSITION TITLE _____ | | | | | | | | | | |

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|--|---|-------------|----|----|----|-----|---------------------------------|---|------------------------|---|---|---|---------------------------|---|---|---|
| E D U C A T I O N | | HIGH SCHOOL | | | | | VOCATIONAL/ TECHNICAL SCHOOL | | COLLEGE/ UNIVERSITY | | | | GRADUATE/ PROFESSIONAL | | | |
| | School Name and Location | | | | | | | | | | | | | | | |
| | Circle Years Completed | 9 | 10 | 11 | 12 | GED | 1 | 2 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| | Dates Attended (mo/yr) | From: To: | | | | | From: To: | | From: To: | | | | From: To: | | | |
| | List Credit Hours Received: (S)-Semester (Q) Quarter | | | | | | | | | | | | | | | |
| | Diploma/Degree Received | | | | | | | | | | | | | | | |
| Course of Study | | | | | | | | | | | | | | | | |

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| T R A I N I N G | List fields of work for which you have been registered, licensed or certified. |
| | Registration: _____ State: _____ No.: _____ Exp. Date: _____ Registration: _____ State: _____ No.: _____ Exp. Date: _____ |
| | List internships, specific courses, workshops, training and/or rotations you may have had that relate to the position you are applying for. Include credit hours or CEU's if applicable. |

EMPLOYMENT HISTORY

Using a separate section for each position, describe in detail all work experience beginning with your present or most recent job. Include periods of unemployment, self-employment, military service, internships, and volunteer and summer work. Use additional "Continuation Sheets" if necessary. Be sure to indicate whether employment was full time or part time, and if part time, state the average number of hours worked per week. Incomplete information will result in the disqualification of your application.

May we contact your present employer? Yes No

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|----------|--|--|-------------------------------------|--|-----------------------------------|--|
| A | Employer: (Present or most recent) | | Address: | | Phone No.: | |
| | Job Title: | | Name of Supervisor: | | No. Supervised by You: | |
| | Date Employed: (mo/yr) | | Starting Salary: \$ _____ per _____ | | Ending Salary: \$ _____ per _____ | |
| | Date Separated: (mo/yr) | | Job Duties: (Be specific) | | | |
| | <input type="checkbox"/> Full-time _____ # Years _____ # Months <input type="checkbox"/> Part-time _____ # Years _____ # Months If part-time, number of hours per week _____ | | | | | |
| | | | | | | |

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|----------|--|--|-------------------------------------|--|-----------------------------------|--|
| B | Employer: | | Address: | | Phone No.: | |
| | Job Title: | | Name of Supervisor: | | No. Supervised by You: | |
| | Date Employed: (mo/yr) | | Starting Salary: \$ _____ per _____ | | Ending Salary: \$ _____ per _____ | |
| | Date Separated: (mo/yr) | | Job Duties: (Be specific) | | | |
| | <input type="checkbox"/> Full-time _____ # Years _____ # Months <input type="checkbox"/> Part-time _____ # Years _____ # Months If part-time, number of hours per week _____ | | | | | |
| | | | | | | |

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|----------|--|--|-------------------------------------|--|-----------------------------------|--|
| C | Employer: | | Address: | | Phone No.: | |
| | Job Title: | | Name of Supervisor: | | No. Supervised by You: | |
| | Date Employed: (mo/yr) | | Starting Salary: \$ _____ per _____ | | Ending Salary: \$ _____ per _____ | |
| | Date Separated: (mo/yr) | | Job Duties: (Be specific) | | | |
| | <input type="checkbox"/> Full-time _____ # Years _____ # Months <input type="checkbox"/> Part-time _____ # Years _____ # Months If part-time, number of hours per week _____ | | | | | |
| | | | | | | |

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|----------|--|--|-------------------------------------|--|-----------------------------------|--|
| D | Employer: | | Address: | | Phone No.: | |
| | Job Title: | | Name of Supervisor: | | No. Supervised by You: | |
| | Date Employed: (mo/yr) | | Starting Salary: \$ _____ per _____ | | Ending Salary: \$ _____ per _____ | |
| | Date Separated: (mo/yr) | | Job Duties: (Be specific) | | | |
| | <input type="checkbox"/> Full-time _____ # Years _____ # Months <input type="checkbox"/> Part-time _____ # Years _____ # Months If part-time, number of hours per week _____ | | | | | |
| | | | | | | |

EMPLOYMENT HISTORY CONTINUATION SHEET

Name _____

Social Security No. _____

| | | | | | |
|----------|---|----------------------------------|--------------------------------|---------------------|------------------------|
| E | Employer: | | Address: | | Phone No.: |
| | Job Title: | | Name of Supervisor: | | No. Supervised by You: |
| | Date Employed: (mo/yr) | Starting Salary: \$ _____ per | Ending Salary: \$ _____ per | Reason for Leaving: | |
| | Date Separated: (mo/yr) | Job Duties: (Be specific) | | | |
| | <input type="checkbox"/> Full-time _____ # Years _____ # Months | | | | |
| | <input type="checkbox"/> Part-time _____ # Years _____ # Months If part-time, number of hours per week _____ | | | | |

| | | | | | |
|----------|---|----------------------------------|--------------------------------|---------------------|------------------------|
| F | Employer: | | Address: | | Phone No.: |
| | Job Title: | | Name of Supervisor: | | No. Supervised by You: |
| | Date Employed: (mo/yr) | Starting Salary: \$ _____ per | Ending Salary: \$ _____ per | Reason for Leaving: | |
| | Date Separated: (mo/yr) | Job Duties: (Be specific) | | | |
| | <input type="checkbox"/> Full-time _____ # Years _____ # Months | | | | |
| | <input type="checkbox"/> Part-time _____ # Years _____ # Months If part-time, number of hours per week _____ | | | | |

| | | | | | |
|----------|---|----------------------------------|--------------------------------|---------------------|------------------------|
| G | Employer: | | Address: | | Phone No.: |
| | Job Title: | | Name of Supervisor: | | No. Supervised by You: |
| | Date Employed: (mo/yr) | Starting Salary: \$ _____ per | Ending Salary: \$ _____ per | Reason for Leaving: | |
| | Date Separated: (mo/yr) | Job Duties: (Be specific) | | | |
| | <input type="checkbox"/> Full-time _____ # Years _____ # Months | | | | |
| | <input type="checkbox"/> Part-time _____ # Years _____ # Months If part-time, number of hours per week _____ | | | | |

| | | | | | |
|----------|---|----------------------------------|--------------------------------|---------------------|------------------------|
| H | Employer: | | Address: | | Phone No.: |
| | Job Title: | | Name of Supervisor: | | No. Supervised by You: |
| | Date Employed: (mo/yr) | Starting Salary: \$ _____ per | Ending Salary: \$ _____ per | Reason for Leaving: | |
| | Date Separated: (mo/yr) | Job Duties: (Be specific) | | | |
| | <input type="checkbox"/> Full-time _____ # Years _____ # Months | | | | |
| | <input type="checkbox"/> Part-time _____ # Years _____ # Months If part-time, number of hours per week _____ | | | | |

