

**PIKE COUNTY
Employment Application**

Pike County is an Equal Opportunity Employer and does not discriminate based on race, color, sex, national origin, religion, age, or disability or any other classification protected by law.

**Resumes will not be accepted in lieu of a completed application
Applications must be legible in order to be considered.**

Date _____

Name _____ SS#: _____
Last First Middle

Address _____
Street City State Zip

Phone (____) _____ Cell Phone# _____

Check the type of work for which you are applying: Full-Time _____ Part-Time _____ Seasonal _____

Position applied for: _____

Do you have all necessary licenses required for the position for which you are applying? Yes No

Have you ever pled guilty or been found guilty of a misdemeanor or felony, except for traffic violations, since age 16? Yes _____ No _____ (If "yes," please describe)

Have you ever been terminated from employment or asked to resign by an employer? Yes _____ No _____ (If "yes," please provide company name and details.)

Do you have any objection to the County making inquiry of your present employer? Yes No
Do you have any relatives employed by the County of Pike Missouri? Yes No

Skills: _____

EDUCATION:	Name and Location of School	Dates Attended	Graduated	Major
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
College	_____	_____	_____	_____
Other	_____	_____	_____	_____
Other	_____	_____	_____	_____

Employment Record: Describe in detail all positions you held during the last ten (10) years, starting with most recent employment. If you held more than one position with a given organization, list each position as a separate period of employment. Attach extra sheets if necessary.

Previous Employer _____	Phone _____
Address _____	
Street _____	City _____ State _____ Zip _____
Position _____	Supervisor's Name _____
Main Duties _____	
Final Salary _____	Weekly ____ Every 2 Weeks ____ Monthly ____ Twice Monthly ____
Dates of Employment _____	Reason for leaving _____

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Dates of Employment _____	Reason for leaving _____

Are you willing to review, agree to, and sign the conditions of employment of the County? Yes No

**PLEASE READ CAREFULLY AND SIGN.
ANY APPLICATION NOT SIGNED WILL NOT BE ACCEPTED**

The facts set forth above in my application for employment are true and complete to the best of my knowledge. I understand that, if employed, false statements on this application shall be considered sufficient cause for dismissal. I further understand that an incomplete application or an absence of my signature on this application is just cause for rejection of this application. My signature authorizes the County to review my previous employment record, my driving and criminal records, and/or other background data as it may relate to the position(s) for which I am applying or have been hired. I also understand that an offer of employment with the County will be contingent upon the results of a negative drug test, and that the offer of employment will precede the request for an examination.

Date
5/26/2017

Signature of Applicant
Applications for Employment kept for 1 year from date of application