

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

An equal opportunity employer

Personal

Name _____
 (Last) (First) (Middle)

Address _____
 (Street) (City) (State) (Zip Code)

Telephone _____ Social Security Number _____
 (Area Code)

Driver's License Number _____ State _____ Expiration Date _____

Have you ever been convicted of a felony? _____ Yes _____ No
 Are you a citizen of the United States? _____ Yes _____ No

Explain Felony

Job Interest/Skills

Position(s) applied for _____ Salary Desired _____

Have you applied for a position here before? _____ Yes _____ No If yes, when? _____

Type of employment requested _____ Full Time _____ Part Time _____ Temporary _____ Summer

Date you could begin working _____ Typing Speed (WPM) _____

Summarize any other special skills or qualifications

Education

TYPE OF SCHOOL	NAME AND LOCATION	COURSE OF STUDY	# OF YEARS	GRADE AVERAGE	MAXIMUM GRADE	DEGREE, DIPLOMA, CERTIFICATE AND HONORS RECEIVED
HIGH SCHOOL						
COLLEGE OR UNIVERSITY						
OTHER EDUCATION						
OTHER EDUCATION						

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 _____
(Street) (City) (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 _____
(Street) (City) (State) (Zip Code)

Supervisor and Title _____ Your Title _____

Employed From _____ To _____ Starting Salary _____ Ending Salary _____

Work Performed _____

Reason for leaving _____

REFERENCES

Name	Relationship	Home Phone	Daytime Phone

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 DISQUALIFICATION 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)