

**COUNTY OF HENRY
APPLICATION FOR EMPLOYMENT
(PLEASE USE INK OR TYPEWRITER)**

1. Position(s) Applying For _____

2. Name _____ / _____

(Print last name, then first and middle names. List only names shown on Social Security card.)

(Maiden Name)

Permanent

3. Address _____ / _____

Street and Number

City

State

Zip Code

Home Telephone

Business Telephone

Temporary

4. Address _____ / _____

Street and Number

City

State

Zip Code

Home Telephone

Business Telephone

5.

| | |
|---------------------------------------|-----------------------------------------|
| <u>Social Security No. (Optional)</u> | <u>DRIVER'S LICENSE CUSTOMER NUMBER</u> |
|---------------------------------------|-----------------------------------------|

6. Are you a citizen of the United States? _____ How long have you lived in Virginia? _____

7. Military History: (If now in Reserve or National Guard, indicate in last column below.) Include summary of military experience in Section 20.

| (Service) | (Date of Entry) | (Date of Separation) | (Nature of Discharge) |
|-----------|-----------------|----------------------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

8. List names and addresses of three persons not related to you who know your qualifications or who know your character.

| (Name) | (Address) | (Phone Number) | (How Long Have You Known Individual) |
|--------|-----------|----------------|--------------------------------------|
| | | | |
| | | | |
| | | | |

9. Do you object to having your present employer questioned about your work? _____ If so, why? _____

10. If you have a civil service (or merit system) status, specify government, position title and date. _____

11. What is the minimum salary per month you will accept? _____ When will you be available for work? _____

12. Will you accept employment which:

A. Is temporary? _____ B. Requires frequent travel? _____ C. Requires that you provide an automobile? _____

13. Have you ever been convicted of any law violation? _____ or had a surety bond cancelled or application for bond refused? _____

14. If ever discharged, or forced to resign, list date, employer's name and address, and the reason in Section 22 at the end of the Application.

Write "No" if never discharged nor forced to resign. _____

15. List any professional or trade certificates or licenses you possess. State the date and authority for each. _____

16. List office machines you have operated. _____

17. Give speed in words per minute: Shorthand _____ Typing _____

18. List all schools you have attended, including armed forces schools, USAFI, and other correspondence courses.

| School | Name and Location | No. Years Completed | Did You Graduate | Date of Graduation | GED or Equivalent | | | |
|-------------------------------------------------|-------------------|---------------------|------------------|--------------------|-------------------|----------------------------------|---------------|------------------------------|
| Elementary | | | | | | | | |
| Junior High | | | | | | | | |
| High School | | | | | | | | |
| School | Name and Location | ATTENDED | | | | Approx. No. Semester Hrs. Credit | Major Subject | Degree or Certificate & Date |
| | | From | | To | | | | |
| | | Mo. | Yr. | Mo. | Yr. | | | |
| Business or Vocational | | | | | | | | |
| College or Technical | | | | | | | | |
| Graduate or Professional | | | | | | | | |
| Other, e.g., Armed Forces, Correspondence, etc. | | | | | | | | |

19. Begin with your present or latest position and work back to the first you held. Account for all periods of employment or unemployment. Give your duties and responsibilities in such detail as to make your qualifications clear. Give military assignments, substituting rank for salary in each assignment. Use additional sheet of paper if necessary.

SAMPLE

Place Frankfort, KY
 (City) (State)
 From OCT 1963 to July 1965
 (Month) (Year) (Month) (Year)
 Name of employing firm (or owner): COMMONWEALTH OF KENTUCKY
 Address AUDITOR'S OFFICE
FINANCE BUILDING, FRANKFORT, KY.
 Kind of business or organization: PUBLIC SERVICE
 Number and class of
 Employees you supervised 6-JUNIOR
AUDITORS OF PUBLIC ACCOUNTS
 Name and title of your immediate supervisor: MR. A. C. COLE
ASSISTANT STATE AUDITOR
 Reason for leaving: MOVED FROM STATE

Exact title of your position SENIOR AUDITOR Salary Starting: \$400
 Per MO. Final: \$400
 Full-time Part-time _____ If part-time, number of hours per week _____
 Duties and responsibilities: MADE FIELD AUDITS OF ACCOUNTS OF STATE DEPARTMENTS OR POLITICAL SUBDIVISIONS OR OF PERSONS AND BUSINESS FIRMS SUBJECT TO TAXATION OR REGULATION BY THE STATE. MADE ASSIGNMENTS AND REVIEWED THE WORK OF ASSISTANTS. PREPARED REPORTS IN CONNECTION WITH AUDITS MADE. GAVE INSTRUCTION AND DIRECTION TO PUBLIC OFFICIALS IN CONNECTION WITH APPROVED METHODS OF ACCOUNTING FOR PUBLIC FUNDS. OCASIONALLY TESTIFIED IN COURT ON MATTERS INVOLVING AUDITS COMPLETED.
 Machines and equipment you used: _____
NONE

(1) PRESENT OR LAST POSITION

Place _____
(City) (State)
From _____ to _____
(Month & Year) (Month & Year)
Name of employing firm (or owner) _____
Address _____
Telephone No. _____
Type of business or organization _____
Number and class of employees you supervised _____
Name and title of your immediate supervisor _____
Reason for leaving _____

(2) NEXT PREVIOUS POSITION

Place _____
(City) (State)
From _____ to _____
(Month & Year) (Month & Year)
Name of employing firm (or owner) _____
Address _____
Telephone No. _____
Type of business or organization _____
Number and class of employees you supervised _____
Name and title of your immediate supervisor _____
Reason for leaving _____

(3) NEXT PREVIOUS POSITION

Place _____
(City) (State)
From _____ to _____
(Month & Year) (Month & Year)
Name of employing firm (or owner) _____
Address _____
Telephone No. _____
Type of business or organization _____
Number and class of employees you supervised _____
Name and title of your immediate supervisor _____
Reason for leaving _____

Exact title of your position _____
Salary: Starting \$ _____ Per _____ Final \$ _____
Full-time _____ Part-time _____ If part-time, number of hours per week _____
Duties and responsibilities _____

Machines and equipment you used _____

Exact title of your position _____
Salary: Starting \$ _____ Per _____ Final \$ _____
Full-time _____ Part-time _____ If part-time, number of hours per week _____
Duties and responsibilities _____

Machines and equipment you used _____

Exact title of your position _____
Salary: Starting \$ _____ Per _____ Final \$ _____
Full-time _____ Part-time _____ If part-time, number of hours per week _____
Duties and responsibilities _____

Machines and equipment you used _____

