



HENRY COUNTY, MISSOURI

Date of Application: _____

APPLICANT SECTION

Position applied for: _____

Personal details

Name: _____ Social Security Number: _____

Address: _____

Driver's License #: _____ CDL: _____

Telephone Daytime: _____ Mobile: _____

Email: _____

Date Available to begin work: _____

Have you ever worked for the County? _____

EDUCATION

Name/Location School: _____ Dates Attended: _____ Did you Graduate: _____

Name/Location School	Dates Attended	Did you Graduate
High School/GED:		
College/Business School/Trade		

Current qualifications

Qualification title	Institution/training provider	Year completed

Previous employment (most recent first)

Note: Not answering all items in the following section may eliminate you from further consideration. Be sure to provide phone numbers for your most recent employers.

Employer name/ establishment	Dates from/to	Position held	Reason for leaving

Do you agree to have references contacted in relation to this application? Yes No



HENRY COUNTY, MISSOURI

(Reference checks will be conducted legally in an ethical manner and all information derived will remain confidential.)

Please provide details of three people who can speak on your behalf regarding your work history.

Name	Contact No.	Relationship

Are you a United States Citizen? Yes No

Are you over 21 years of age? Yes No

Have you ever been convicted of a felony crime? Yes No

If yes, explain _____

Are you willing to sign for and agree to conditions of employment of the County that have been reviewed in accordance with known state and federal laws?

Yes No

PLEASE READ CAREFULLY AND SIGN-AN 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 for some positions, an offer of employment with the County may be contingent upon the result of a physical examination but that the offer of employment will precede the request for an examination.

Signed: _____ Date: _____

In case of Emergency please contact: _____
Name Phone

Henry County is an Equal Opportunity Employer and employs in accordance with the American Disability Act.

Please feel free to attach a completed resume to this application.