



**CLAY COUNTY
SEASONAL APPLICATION
(An Equal Opportunity Employer)**

In keeping with our commitment to maintain a drug and alcohol-free workplace, applicants may be required to submit to a urinalysis as part of our pre-employment screening process.

PERSONAL INFORMATION				
Date:	Social Security Number (optional):			
Name: Last	First		Middle	
Present Address: Street	City	State	Zip	
Permanent Address: Street	City	State	Zip	
Email Address:	Phone Number(s):			
Home:	Cell/Pager:	May we call you at work? <input type="checkbox"/> yes <input type="checkbox"/> no		
Best Time to contact you is at _____ at _____ am/ pm		Work:		

Are you lawfully authorized to work in the United States? yes no

Have you ever been convicted as an adult of a crime that has not been annulled, expunged or sealed by a court? Have you ever received a moving traffic violation? If yes, please describe in full. Include disposition of the offense.

DATE	OFFENSE	SENTENCE & LOCATION

EMPLOYMENT DESIRED		
Job(s)/Position(s):	Date you can start:	Salary desired:
Are you employed now? <input type="checkbox"/> yes <input type="checkbox"/> no	If so, may we inquire of your present employer? <input type="checkbox"/> yes <input type="checkbox"/> no	Are you willing to work a rotating shift? <input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever applied to this County before? <input type="checkbox"/> yes <input type="checkbox"/> no	When? Which Department?	Are you available to work? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal

EDUCATION				
	Name and Location of School	Years Completed?	Diploma/Degree?	Course of Study
High School				
Undergraduate College				
Graduate/ Professional				
Other:				

GENERAL

Please list any special training or skills you have acquired that would be of benefit in the job for which you are applying:

EMPLOYMENT HISTORY (List last three employers, starting with the last one first)

Dates Employed: Month and Year	Name and Address of Employer	Phone Number	Hourly Rate/Salary	Job Title/Position
From:				
To:				
Reason for Leaving:				
From:				
To:				
Reason for Leaving:				
From:				
To:				
Reason for Leaving:				

BUSINESS REFERENCE (List the names of three persons who you have known at least one year. Do not include family members)

Name	Business	Phone Number	Address	Years Known

Please list any current County employees that you are related to.

Name	Dept.

I certify that the statements contained in this application are true and complete to the best of my knowledge. I understand that, if hired, false or misleading information given in my application, resume or interview(s) may result in immediate discharge.

I authorize the County to verify all statements contained in the application for employment and to make reference and background checks as its representatives deem necessary. You are hereby authorized to make any investigation of my personal character, academic record or employment history, and I release all parties from any claim arising in connection with their giving the same to you.

I understand and agree that I may be required to take one or more physical examination, including drug and alcohol screens, as a condition of hiring or continued employment. I agree to consent to take such examination(s) at such times as designated by the County, and I release the County, its directors, officers, employees, or agents from any claim arising in connection with such examination(s) or their use.

I further understand that if I am employed, I will be an "at will" employee, free to resign without notice or be terminated without notice.

Date _____ Signature _____