

# Wilkes County Employment Application

Name \_\_\_\_\_ SS# \_\_\_\_\_  
Last First Middle

Telephone: (     ) \_\_\_\_\_

Present Address \_\_\_\_\_  
Street City State Zip

Are you a citizen of the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, verification will be required)

Do you have the legal right to work and to remain in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

Position applying for \_\_\_\_\_

Have you ever worked for Wilkes County? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are you related by blood or marriage to any person employed by the County? \_\_\_\_\_

If yes give name, relationship, and agency \_\_\_\_\_

List any special training you have that may be necessary for this job. \_\_\_\_\_

## RECORD OF EDUCATION

Circle the highest school year completed. 6 7 8 9 10 11 12 Ending Date: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

Name and address of middle school or high school. \_\_\_\_\_

Did you graduate from high school or pass the High School Equivalency Test? \_\_\_\_\_

School	Name and Address of School	Course Studied	Check Last Year Completed				Did you Graduate	Diploma or Degree
			1	2	3	4		
College or University								
Graduate or Professional								
Other Education, Internship, etc.								

Are you currently a student: Yes \_\_\_\_\_ No \_\_\_\_\_

# EMPLOYMENT RECORD

Name and Address of Company	Employed		Name of Your Supervisor	Reason for Leaving
	From	To		
Position Held:				
Position Held:				
Position Held:				

May we contact your present employer for a work reference? Yes \_\_\_\_\_ No \_\_\_\_\_

## MILITARY EXPERIENCE

Present Selective Service Classification? \_\_\_\_\_

Were You in the Armed Forces? \_\_\_\_\_ If Yes, which Branch \_\_\_\_\_

If Yes, Armed Service Number \_\_\_\_\_

Dates of Duty: From \_\_\_\_\_ To \_\_\_\_\_  
Month                  Day                  Year                  Month                  Day                  Year

List duties in the service including special training you have. \_\_\_\_\_

## REFERENCES

List a minimum of three references preferably those who are acquainted with your qualifications excluding relatives. With the completion of this form you are authorizing Wilkes County to request confidential recommendations from your listed references. References will be contacted by phone or mail.

Name	Address	Telephone	Occupation

I hereby certify the above information provided to be true and complete to the best of my knowledge. I understand that should there be an investigation and any information is found to be falsified, I may be dismissed and disqualified from further employment.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_