APPLICATION FOR EMPLOYMENT

ELMORE COUNTY SHERIFF'S OFFICE PRE-EMPLOYMENT QUESTIONNAIRE

PERSONAL INFORMATI	ON PHONE NO	DATE	
NAME (LAST NAME FIRST)		SOCIAL SECURIT	Y NO.
PRESENT ADDRESS	CITY	STATE	ZIP CODE
EMPLOYMENT DESIRE)		
POSITION		YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? IF	SO, MAY WE INQUIRE OF YOUR PRESENT	EMPLOYER? EVER A	PPLIED WITH OUR OFFICE BEFORE?
EDUCATION HISTORY			
NAME OF HIGH SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS/MILITARY SERVICE (INCLUDE RANK)

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH/YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
1				
2				
3				
4				

REFERENCES

NAME	ADDRESS	YEARS KNOWN	PHONE NUMBER
			······

IF YOU AGREE TO ALLOW THE ELMORE COUNTY SHERIFF'S OFFICE TO CONDUCT A BACKGROUND INVESTIGATION, PLEASE ANSWER THE FOLLOWING:

DATE OF BIRTH	RACE	GENDER	MARRIED/DIVORCED/SINGLE	AGE(S) OF CHILDREN

HAVE YOU BEEN TREATED FOR MENTAL ILLNESS IN THE PAST?

ANY PRIOR ARRESTS? (INCLUDE EVEN IF THE CHARGE WAS REDUCED OR DISMISSED)

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment from any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

DATE: _____

SIGNATURE: _____

INTERVIEWED BY:

DATE:

OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE

REMARKS