

# Johnston County Employment Application



DATE: \_\_\_\_\_

**INSTRUCTIONS:** All applications for employment must be made on this form. Applicants are urged to consider carefully and understand fully each question and having done so, to fill in all the blanks accurately.

**JOHNSTON COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER.** JOHNSTON COUNTY does not discriminate on the basis of religion, sex, age, national origin, political affiliation, or mental/physical disability in its hiring or employment practices.

**POSITION APPLIED FOR:**  Full-Time  Temporary  
 (Check all that apply)  Part-Time  Other \_\_\_\_\_

**NAME:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_  
 (street)  
 \_\_\_\_\_  
 (city) (state) (zip)

If less than 3 yrs  
at current address.

**PREVIOUS ADDRESS:** \_\_\_\_\_  
 (street)  
 \_\_\_\_\_  
 (city) (state) (zip)

**DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **SSN:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**DAY PHONE#:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_ **HM PHONE #:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**DRIVER'S LICENSE#:** *(Include state)* \_\_\_\_\_  
 Operator's lic. # \_\_\_\_\_ class \_\_\_\_\_ state \_\_\_\_\_

**TYPE OF WORK:**  (Check all that apply)  
 Equip. Oper.  Janitorial  Clerical  Laborer  Mechanic  Other  Driver \_\_\_\_\_

**HAVE YOU FILED AN APPLICATION HERE BEFORE?** YES or NO  
*(IF YES, GIVE DATE AND POSITION)* \_\_\_\_\_

	Name & Location of School	Course/Major	Date Graduated	Grade Completed	Degree(s)
HIGH SCHOOL					
COLLEGE					
TRADE SCHOOL					
OTHER / GED					

List any special awards, honors, qualifications, skills, or training received that you feel would enhance your ability to fill the position for which you have applied. \_\_\_\_\_

**EXPERIENCE:** Start with your present or most recent job (Include Military Service). Use additional sheets if necessary to show relevant experience.

### PRESENT OR MOST RECENT JOB

Employer's name	Address	Type of Business
Date employed	Title	Supervisor's Name
Starting salary	Final salary	Reason for leaving
Description of duties, responsibilities, and accomplishments.		Phone Number

Employer's name	Address	Type of Business
Date employed	Title	Supervisor's Name
Starting salary	Final salary	Reason for leaving
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Date employed	Title	Supervisor's Name
Starting salary	Final salary	Reason for leaving
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### PERSONAL REFERENCES & ACQUAINTANCES

NAME	PHONE	OCCUPATION	YEARS KNOWN
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**TO ANSWER THE FOLLOWING QUESTIONS, PLEASE CIRCLE YES OR NO.** IF THE ANSWER TO ANY OF THE QUESTIONS BELOW IS **YES**, LIST THE DETAILS IN THE REMARK SECTION (Except Question 1).

- |    |  |     |    |    |
|----|--|-----|----|----|
| 1. | ARE YOU LEGALLY ABLE TO WORK IN THE UNITED STATES?   | YES | or | NO |
| 2. | ARE YOU EFFECTIVE IN MULTI-TASKING, TIME MANAGEMENT?   | YES | or | NO |
| 3. | HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM A JOB WITHIN THE LAST FIVE YEARS?   | YES | or | NO |
| 4. | HAVE YOU EVER HAD YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED?  | YES | or | NO |
| 5. | HAVE YOU HAD ANY MOVING VIOLATIONS DURING THE LAST 5 YEARS?  | YES | or | NO |
| 6. | DO YOU HAVE ANY PHYSICAL LIMITATION OR CONDITION WHICH PRECLUDES YOU FROM PERFORMING CERTAIN JOBS?   | YES | or | NO |
| 7. | HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST TEN YEARS, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES, WHICH HAVE BEEN ANNULLED, EXPUNGED, OR SEALED BY A COURT? | YES | or | NO |

