

# McDonough County Government

Confidential Employment Application  
Office of the Supervisor of Assessments  
(Please Print)

## Personal Data

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Initial

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

Phone No. \_\_\_\_\_ Are you 18 years or older \_\_\_\_\_

### ADMISSIBLE QUESTIONS

ANSWER THE FOLLOWING QUESTIONS IN THIS AREA IF THE EMPLOYER HAS CHECKED THE BOX PRECEDING THE QUESTION. THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS..

Height \_\_\_\_\_ feet \_\_\_\_\_ inches

Citizen of U.S. Yes \_\_\_\_\_ No \_\_\_\_\_

Weight \_\_\_\_\_ lbs.

Date of Birth\* \_\_\_\_\_

What Foreign Languages do you speak fluently? \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

\_\_\_\_\_

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

## Employment Desired

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHO REFERRED YOU TO US? \_\_\_\_\_

## Education

School	Name & Location	Years Completed	Year Graduated
High			
College			
Graduate School			
Other			

**Other**

SUBJECTS OF SPECIAL STUDY, RESEARCH WORK OR SPECIAL SKILLS \_\_\_\_\_

U.S. MILITARY SERVICE \_\_\_\_\_ RANK \_\_\_\_\_ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES \_\_\_\_\_

**Work Experience**

Employer (Start with most Recent)	Dates (Mo./Yr.)	Job Title	Pay Rate	Reason for Leaving
Name	From			
Address	To			
Name	From			
Address	To			
Name	From			
Address	To			
Name	From			
Address	To			

List any job related society memberships or professional organizations \_\_\_\_\_

**References REQUIRED**

List three persons, not related to you, who have known you for at least a year.

Name	Address	Business
Name	Address	Business
Name	Address	Business

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_ NAME ADDRESS PHONE NO.

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND 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 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 ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Do Not Write Below This Line

Interviewer's remarks \_\_\_\_\_