

DATE MONTH AND YEAR FROM TO FROM TO FROM TO FROM TO	NAME AND ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

IN CASE OF EMERGENCY NOTIFY

NAME _____ ADDRESS _____ PHONE NO. _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO _____

IF YES WHAT WAS THE CONVICTION FOR: _____

(CONVICTION WILL NOT NECESSARILY DISQUALIFY AN FOR EMPLOYMENT)

I ACKNOWLEDGE I WILL BE REQUIRED TO SUBMIT MY FINGERPRINTS FOR THE PURPOSE OF A BACKGROUND INQUIRY. CONTINUED EMPLOYMENT WILL BE BASED UPON THE RESULTS OF THE INQUIRY.

I ACKNOWLEDGE I WILL BE REQUIRED TO SUBMIT TO A PHYSICAL AND DRUG TEST.

MCDONALD COUNTY IS NOW PARTICIPATING IN E-VERIFY TO CONFIRM THE LEGAL WORKING STATUS OF NEW HIRES. NEW HIRES WILL BE REQUIRED TO COMPLETE A 1-9 FORM.

“I CERTIFY THAT ALL INFORMATION BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND IF AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANYTIME.

IN CONSIDERATION OF MY EMPLOYMENT I AGREE TO CONFORM TO THE COUNTY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT NOTICE, AT ANYTIME, AT EITHER MY OR THE COUNTY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANYTIME. I

UNDERSTAND THAT NO COUNTY REPRESENTATIVE HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.”

DATE _____ SIGNATURE _____

THIS FORM HAS BEEN DESIGNED TO STRICTLY COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING EMPLOYMENT DISCRIMINATION. THIS APPLICATION FOR EMPLOYMENT FORM IS SOLD FOR GENERAL USE THROUGHOUT THE UNITED STATES. TOPS ASSUMES NO RESPONSIBILITY FOR THE INCLUSION IN SAID FORM OF ANY QUESTIONS WHICH WHEN ASKED BY THE EMPLOYER OF THE JOB APPLICANT MAY VIOLATE AND/OR FEDERAL LAW.