



P.O. Box 39
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Clarksville, AR, 72830

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APPLICATION FOR EMPLOYMENT

DATE: \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

PERSONAL

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
First Middle Last Social Security #

Mailing Address: \_\_\_\_\_
Street and Number City State Zip Code

Telephone Number: Home: \_\_\_\_\_ Business: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

WORK HISTORY

List all jobs you have held in the last five years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

Title of present or last position: \_\_\_\_\_

Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_ Date employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_

Employer: \_\_\_\_\_ Name and title of supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_ May we contact this employer: Yes \_\_\_\_\_ No \_\_\_\_\_

Full time: Yrs \_\_\_\_\_ Mos. \_\_\_\_\_ Part time: Yrs \_\_\_\_\_ Mos. \_\_\_\_\_ Number of employees supervised by you: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Title of present or last position: \_\_\_\_\_

Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_ Date employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_

Employer: \_\_\_\_\_ Name and title of supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_ May we contact this employer: Yes \_\_\_\_\_ No \_\_\_\_\_

Full time: Yrs \_\_\_\_\_ Mos. \_\_\_\_\_ Part time: Yrs \_\_\_\_\_ Mos. \_\_\_\_\_ Number of employees supervised by you: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Title of present or last position: \_\_\_\_\_

Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_ Date employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_

Employer: \_\_\_\_\_ Name and title of supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_ May we contact this employer: Yes \_\_\_ No \_\_\_

Full time: Yrs \_\_\_\_\_ Mos. \_\_\_\_\_ Part time: Yrs \_\_\_\_\_ Mos. \_\_\_\_\_ Number of employees supervised by you: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**EDUCATION**

Please list all that apply:

High school: \_\_\_\_\_ Graduate: Yes \_\_\_ No \_\_\_  
Area of study

College/University: \_\_\_\_\_ Degree: Yes \_\_\_ No \_\_\_  
Area of study

Other: \_\_\_\_\_

**REFERENCES**

Give the names of three responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality and other qualities.

NAME	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please indicate any additional experience and/or training you have had which in your opinion would qualify you for the position you seek:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ CAREFULLY AND SIGN BELOW**

Do you possess a valid operator's license from the State of Arkansas? Yes \_\_\_\_\_ No \_\_\_\_\_

Operator's License Number: \_\_\_\_\_ Date issued: \_\_\_\_\_

Have you been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_

I understand that this application is not intended to create any contractual agreement for employment.

I certify that I have made no willful misrepresentation in this application nor have I withheld information in my statements and answers to questions. I am aware that the information given by me in my application will be investigated, with my full permission, and that any misrepresentations may cause my application to be rejected.

I authorize any present and or former employer to release to the County or its authorized representative any and all employment records and other information it may have about my employment record. Any information obtained will be used for the purpose of evaluating my application for employment with the County. A photocopy of this authorization shall be as valid as the original.

I understand that this application is the property of the County and will become part of my employment record should I be accepted for employment.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_