Monroe County Sheriff's Office



Sheriff Joe Colston

APPLICATION FOR EMPLOYMENT Monroe County is an Equal Opportunity Employer COUNTY CLERK'S OFFICE - COURTHOUSE

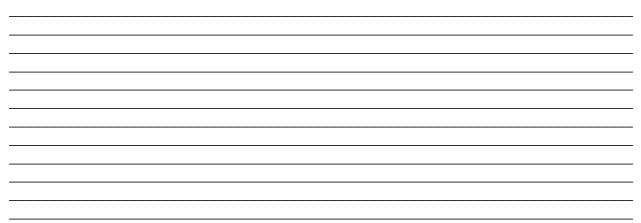
Initial screening will be based on this application. Please be sure to answer all items completely and accurately. Let us know if you do not understand an item or need help in completing this application.

Position applied for	r:			
Department:				
Date:Social Security Number:				
Name:			Telephone:	
Last	First	Middle	*	
Address:				
Street		City	State	Zip
Driver's License N	umber:		State:	
	nticipate being employe e able to start work with			
capacity and reason	ked for the County befo n for leaving.			
In What Capacity:				
Reason for Leaving	g:			
Do you have any re	latives currently emplo	yed by the county?		
	ne (s), relationship (s), a			

DEPARTMENT

1			
2			
		ON / TRAINING	
-	e information about your educ ace if necessary.	cational and train	ning background . Use
What is the hi	ghest level of education you h	ave attained?	
	unior High/High School: t one attended)	name/city/st	
Last Grade C	ompleted:		
Special Traini	ing, Secretarial Schools, CET	A or Armed Forc	es
School	Course Name		Dates Attended (How long was training/)
College: Name	Dates Attended	Major	Degree or Hours

Please make a handwritten statement concerning why you believe you would be a good employee in the Department you have applied for. Be specific. (If, for example, you are applying for a road/bridge job, indicate work experience that has prepared you for this position.



WORK EXPERIENCE

Note: Not answering all items in the following section may eliminate you from further consideration. Be sure to provide phone numbers for your most recent employers. If you have been discharged from any position, please describe in detail.

1. Previous Employer				
Address Street	City	State	Zip	
Phone Employment Dates—From				
Position	Supervisor's Name			
Main Duties				
Final Salary	Per			
*Reason for leaving				
2. Previous Employer				
Address Street	City	State	Zip	
Phone	·	State	210	
Employment DatesFrom	ТО			
Position	Supervisor's Name	Supervisor's Name		
Main duties				
Final Salary	Per			
*Reason for leaving				
 • If you indicate that you have h comments, which you feel may 	been discharged from a positi	on, please make a		

PLEASE READ CAREFULLY AND SIGN – APPLICATIONS NOT SIGNED WILL NOT BE ACCEPTED.

The facts set forth above in my application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. I further understand that an incomplete application or an absence of my signature on this application is just cause for rejection of this application. My signature authorizes the County to review my previous employment record, my driving and criminal records and/or other background data as it may relate to the position(s) for which I am applying or have been hired. I also understand that for some positions, an offer of employment with the County may be contingent upon the results of a physical examination.

Date	Signature of Applicant	
FURTHER INFORMATION		
Are you a United States Citizen?		
Are you over 21 years of age?		
Have you ever been convicted of a f	elony crime?	
If yes, explain:		

Are you willing to sign for and agree to conditions of employment of the County that have been reviewed and are in accord with known state and federal law?

Signature of Applicant