

# Murray County Government Employment Application

Position Applied For: \_\_\_\_\_

Name: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ (Maiden) \_\_\_\_\_  
(As it appears on appears on your social security card/work permit)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Social Security: \_\_\_\_\_

Are you at least 18 years old? YES \_\_\_\_\_ NO \_\_\_\_\_

Other names you have used: \_\_\_\_\_

Are you eligible to work in the United States either because you are a U. S. Citizen or have U.S. Government permission to do so? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been convicted of an offense against the law or are you now under charges for any offense?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain (dates, charges, etc.) \_\_\_\_\_

NOTE: If offered employment you will be required to provide documentation to verify employment eligibility.

Have you ever worked for us before? YES \_\_\_\_\_ NO \_\_\_\_\_

## List below present and past employment, beginning with your most recent

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Position held \_\_\_\_\_

Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Position held \_\_\_\_\_

Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Position held \_\_\_\_\_

Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_

## Education

Circle highest level completed: High School 9 10 11 12 GED \_\_\_\_\_  
College 1 2 3 4

## Military Service Record

Have you ever served in the U.S. Armed Forces? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what branch? \_\_\_\_\_ Rank \_\_\_\_\_

Dates of duty: \_\_\_\_\_ to \_\_\_\_\_

## References

Give name address and phone number of three (3) references not related to you.

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

## **AUTHORIZATION TO RELEASE DRIVING HISTORY**

I hereby authorize the Murray County Human Resources Department or other authorized representative of Murray County bearing this release or a copy thereof to obtain any information in my files pertaining to my driving record. This release is executed with full knowledge and understanding that the information is of official use of the Murray County Human Resources Department. Consent is granted to Murray County to furnish such information as described above, to third parties in the course of fulfilling its official responsibilities. I hereby authorize my previous employers to provide Murray County Government and its agent's any and all information that they may request. I hereby release my former employers from liability for providing such information.

Full Name: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

State where issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **AUTHORIZATION AND AGREEMENT**

I HEREBY AUTHORIZE YOU TO CONTACT: MY PRESENT EMPLOYER(S)  YES  NO  
MY PAST EMPLOYER  YES  NO

I certify the information provided in this application is true and complete to the best of my knowledge. I understand that withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.

I authorize any persons or organizations to give you any and all information concerning my previous employment, education, or any other information they may have personal or otherwise, with regard to any of the subjects covered by this application, and release all such parties from all liability for any damage which may result from furnishing such information to you.

I authorize you to request, receive, and verify all information given in this application. If I am employed by Murray County Government, I agree to conform to the policies, rules and regulations of the Government set forth in the Murray County Government's Personnel System, employee handbooks, policies, and ordinances; and acknowledge that these policies, rules and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option.

I further acknowledge that if I am employed by the employer, my employment will be at will and may be terminated with or without cause at any time by me or by the employer until I become a non-probationary regular employee.

If required by Murray County Government for the position I am applying, I consent to undergo a physical examination, after I have been offered employment, as deemed necessary.

**This application will remain active for Ninety (90) days only unless renewed personally by me in writing.**

**Before an applicant can be selected for employment with Murray County Government he/she must submit to a drug test. Should you be offered a job with Murray County Government, your position will be required random drug testing.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Alcohol and Controlled Substance Testing**

As a condition of employment by Murray County Government, you will be required to submit to an alcohol and controlled substance screening test. Employees must, as a condition of employment, abide by our policy regarding the effects of drug use and the unlawful possession of controlled substances. Employees must report any conviction under a criminal drug statute for such violations. A report of the conviction must be made within five (5) days after the conviction. (This requirement is mandated by the Drug-Free Workplace Act of 1988.) In order to be employed by Murray County Government, you must successfully pass this screening test. By signing this form, you are acknowledging that you consent to such an examination and screening test.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **EQUAL OPPORTUNITY EMPLOYER**

It is our policy to comply fully with all federal, state, and local equal employment opportunity laws. This organization provides equal opportunity and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.