

**IRWIN COUNTY BOARD OF ROADS & REVENUES
APPLICATION FOR EMPLOYMENT**

DATE: _____

NAME _____

PRESENT ADDRESS _____

TELEPHONE NO. _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE USA? YES _____ NO _____

ARE YOU OF THE LEGAL AGE TO WORK? YES _____ NO _____

POSITION APPLIED FOR _____

DO YOU HAVE CDL LICENSES? YES _____ NO _____

IF NO, ARE YOU WILLING TO APPLY FOR THEM? _____

WERE YOU PREVIOUSLY EMPLOYED BY US? _____ IF YES, WHEN? _____

WHAT DATE WILL YOU BE AVAILABLE FOR WORK? _____

ARE THERE ANY OTHER EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH WILL BE OF SPECIAL BENEFIT IN THE JOB FOR WHICH YOU ARE APPLYING? _____

EDUCATION: NAME AND ADDRESS FROM TO DID YOU GRADUATE?

ELEMENTARY _____

HIGH SCHOOL _____

COLLEGE _____

OTHER _____

EMPLOYMENT:

MOST RECENT EMPLOYER: _____ TELEPHONE NO. _____

ADDRESS _____

FROM _____ TO _____ POSITION _____ SALARY _____

DESCRIBE THE WORK YOU DID: _____

SUPERVISOR: _____ REASON FOR LEAVING: _____

OTHER EMPLOYMENT: _____ TELEPHONE NO. _____

ADDRESS: _____

FROM: _____ TO: _____ POSITION: _____ SALARY: _____

DESCRIBE THE WORK YOU DID: _____

SUPERVISOR: _____ REASON FOR LEAVING: _____

PERSONAL REFERENCE

NAME

ADDRESS

TELEPHONE NO.

YEARS KNOWN

IRWIN COUNTY COMMISSION IS A DRUG FREE WORK PLACE.

I HEREBY GIVE PERMISSION TO CONTACT THE EMPLOYERS LISTED ABOVE CONCERNING MY PRIOR WORK EXPERIENCE.

APPLICANT'S SIGNATURE: _____