

MADISON COUNTY

Application for Employment
Equal Opportunity Employer

PO Box 37

Huntsville, AR 72740

Phone: (479) 738-2747, Fax: (479) 738-1544

www.madisoncogov.com

GENERAL AND PERSONAL INFORMATION

Position Applying For: _____ Date: _____

Name: _____
(Last, First, Middle)

Address: _____
(Street/PO Box/City/State/Zip)

Telephone: (_____) _____ - _____ Email Address: _____

Are you 18 years of age or older: Yes No

Date you can start work: _____ Employment desired: Full-Time Part-Time Temporary

Are you a citizen of the United States or otherwise lawfully authorized to work in the United States?

Yes No

Do you have friends or relatives employed by Madison County? Yes No If yes, list them below:

Name	Relationship	County Department
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you been previously employed with Madison County? Yes No If yes, when and in which department were you employed? _____

Have you ever been convicted of a felony? Yes No If yes, please explain: _____

Conviction of a crime does not automatically bar any applicant from employment with Madison County.

Are there any known work place accommodations you would like for the county to consider at this time?

Yes No If yes, please explain: _____

Can you travel if required by the job? Yes No

EDUCATION HISTORY

Type	Name/Location	Course of Study	Years Completed	Degree/Diploma
High School				
College				
Technical or Other School				

TRAINING AND SKILLS

If you have any special skills, licenses, certifications, training, etc. that would qualify you for work in the position you are applying for, please describe them below.

EMPLOYMENT BACKGROUND:

A resume may be included, but it cannot be submitted in lieu of completing this Employment Background section. Begin with your present or most recent job, including military service and volunteer job positions, and work backward to cover the past 10 years. Attach additional sheet if necessary.

Name of Employer	Address	City, State, Zip Code	Phone
Type of Business	Your Last Job Title	Name Under Which Employed	Name of Last Supervisor
Employment Dates From: Month/year	To: Month/Year	Pay or Salary Rate Start: \$	Final: \$
Describe your job duties:			
Reason for leaving (be specific):			

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Describe your job duties:			
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REFERENCES

Please list the name and contact information of three persons not related to you, whom you have known for at least one year.

1. _____
2. _____
3. _____

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I authorize Madison County to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of these employers, references, academic institutions and Madison County from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with Madison County. I understand that any false or misleading statements will be sufficient cause for rejection of my application with the county if the county has not employed me and for immediate dismissal if the county has employed me.

I understand that this application is not intended to create any contractual obligations of any kind or a contract of employment between Madison County and any applicants or employees. Madison County is an at-will employer. Employment with Madison County may be terminated at any time by the employee or the county with or without notice or cause.

I understand that Madison County is an equal opportunity employer and it is the policy of Madison County to comply with all provisions of state and federal non-discrimination requirements. Questions on this application are not used for the purpose of limiting or excusing any applicant from consideration for employment on any basis prohibited by applicable state or federal law.

I understand that certain job positions with Madison County may require one or more of the following to be conducted prior to employment: criminal background check, driver's license check, drug screening (controlled substances only), psychological examination, and physical examination.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that my application for employment, once submitted to Madison County, may be subject to disclosure as a public record under the Arkansas Freedom of Information Act (FOIA).

Signature of Applicant

Date