

# *Crawford County*



# APPLICATION FOR EMPLOYMENT

**INSTRUCTIONS:** Fill out this questionnaire completely and accurately. All statements in your questionnaire are subject to verification. Incorrect statements may bar or remove you from employment. If space provided is inadequate, add additional pages and identify information by item number. If a question does not apply to you, indicate by writing N/A in the answer blank. Type or print legibly in ink all responses.

**PERSONAL**

1. NAME \_\_\_\_\_  
                    First                      Middle                      Last                      Social Security Number

Nicknames or Aliases \_\_\_\_\_

2. Height \_\_\_\_\_ inches                      Weight \_\_\_\_\_ lbs.

3. Present Mailing Address: \_\_\_\_\_  
  Street and Number                      City/State                      Zip Code

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

Telephone Number: \_\_\_\_\_  
  Home                      Cell

4. Date of Birth: \_\_\_\_\_                      Place of Birth: \_\_\_\_\_

5. Citizenship:  U.S. Born       U.S. Naturalized       Other-Specify \_\_\_\_\_

6. List hobbies and/or special skills: \_\_\_\_\_  
\_\_\_\_\_

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**MARITAL**

7. Marital Status (check one)     Single     Married     Divorced  
   Engaged     Separated     Widowed

8. Name of Spouse or Fiancé: \_\_\_\_\_

9. If married, are you living with your spouse?     Yes                       No  
    If not, state reasons: \_\_\_\_\_

10. Have you ever been separated or divorced?  Yes  No  
 If yes, give date and location of court or jurisdiction: \_\_\_\_\_

11. Give the following information concerning your spouse's parents:

	Name	Address
Father		
Mother		

12. List below every child born to you.

NAME	BIRTHDATE	PLACE OF BIRTH	WITH WHOM RESIDES

13. Are you now supporting all children born to you, adopted by you and stepchildren?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

14. Have you ever been involved as defendant in a paternity proceeding? \_\_\_\_\_ Yes \_\_\_\_\_ No

**REFERENCES:**

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

NAME	ADDRESS	TELEPHONE

**FAMILY HISTORY:**

16. List your parents, brothers and sisters:

	NAME	ADDRESS	TELEPHONE
Father			
Mother			
Brother/Sister			

Brother/Sister			
Brother/Sister			

17. Has any member of your immediate family ever been arrested for or convicted of a felony offense?  Yes  No

If yes, complete the following

Date                      Location                                      Charge                                      Disposition

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**FINANCIAL:**

18. Do you have life insurance and/or hospital insurance?  Yes  No

19. Do you have a savings account?  Yes  No

Bank \_\_\_\_\_ City and State \_\_\_\_\_

Bank \_\_\_\_\_ City and State \_\_\_\_\_

20. Do you have a checking account?  Yes  No

Bank \_\_\_\_\_ City and State \_\_\_\_\_

Bank \_\_\_\_\_ City and State \_\_\_\_\_

21. Do you own or have an interest in any type of business dealing in alcohol?

Yes  No

22. Do you own or are you buying your own home?  Yes  No

Is there a mortgage on the property?  Yes  No

Bank or Company \_\_\_\_\_ City and State \_\_\_\_\_

23. Do you own or are you buying other real estate?  Yes  No

If yes, give the name of agency holding mortgage:

Bank or Company \_\_\_\_\_ City and State \_\_\_\_\_

24. List motor vehicles that you own or are buying or leasing:

Make	Model	Year	Amount Owed

25. What income, other than salary, do you have at present? Include spouse's salary:

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26. List Credit References:

Name of Firm: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

Street Address: \_\_\_\_\_ City and State: \_\_\_\_\_

Name of Firm: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

Street Address: \_\_\_\_\_ City and State: \_\_\_\_\_

Name of Firm: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

Street Address: \_\_\_\_\_ City and State: \_\_\_\_\_

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Street Address: \_\_\_\_\_ City and State: \_\_\_\_\_

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Name of Firm: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

Street Address: \_\_\_\_\_ City and State: \_\_\_\_\_

Name of Firm: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

Street Address: \_\_\_\_\_ City and State: \_\_\_\_\_

27. What is your total indebtedness at present? \_\_\_\_\_

28. Have you ever been sued? \_\_\_\_ Yes \_\_\_\_ No If yes, give details:

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

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**RESIDENCES:**

29. List all addresses for the past 10 years starting with **present** address at the top:

From:		To:		Address/Residence	City and State	Landlord
Month	Year	Month	Year			

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**WORK HISTORY:**

30. Are you now or have you ever been engaged in any business as an owner, partner, or corporate board member? \_\_\_\_ Yes \_\_\_\_ No If yes, give details below:

\_\_\_\_\_

31. Have you ever been discharged or forced to resign from an employer because of misconduct or unsatisfactory service? \_\_\_\_ Yes \_\_\_\_ No If yes, give details below:

\_\_\_\_\_

32. Have your employers always treated you fairly? \_\_\_\_ Yes \_\_\_\_ No If no, give details below:

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

33. Do you object to working nights? \_\_\_\_ Yes \_\_\_\_ No

34. Do you object to shift work? \_\_\_\_ Yes \_\_\_\_ No

35. List all of your previous employers 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 property time sequence and temporary or part-time jobs.

A. Title of present or last position: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Dates employed: \_\_\_\_\_ Name and title of Supervisor: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_  
Employer Address: \_\_\_\_\_  
Number and Street City and State Zip Code  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

B. Title of present or last position: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Dates employed: \_\_\_\_\_ Name and title of Supervisor: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_  
Employer Address: \_\_\_\_\_  
Number and Street City and State Zip Code  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

C. Title of present or last position: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Dates employed: \_\_\_\_\_ Name and title of Supervisor: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_  
Employer Address: \_\_\_\_\_  
Number and Street City and State Zip Code  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

D. Title of present or last position: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Dates employed: \_\_\_\_\_ Name and title of Supervisor: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_  
Employer Address: \_\_\_\_\_  
Number and Street City and State Zip Code  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

36. Have you previously submitted an application for employment with this agency?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

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**EDUCATION:**

37. List all schools attended:

Name of School	Location (city and state)	From		To		Year Completed
		Month	Year	Month	Year	
Elementary School						
High School						
College/University						

38. Did you graduate from high school or pass the high school equivalency test?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

39. Were you ever expelled from any school or were you ever disciplined by any school official?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ARREST AND DISCIPLINE HISTORY**

Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. (exclude minor traffic violations)

40. Have you ever been arrested or detained by police? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain:

Crime Charged: \_\_\_\_\_ Law Enforcement Agency: \_\_\_\_\_  
Date: \_\_\_\_\_ Disposition of Case: \_\_\_\_\_

Crime Charged: \_\_\_\_\_ Law Enforcement Agency: \_\_\_\_\_  
Date: \_\_\_\_\_ Disposition of Case: \_\_\_\_\_

Crime Charged: \_\_\_\_\_ Law Enforcement Agency: \_\_\_\_\_  
Date: \_\_\_\_\_ Disposition of Case: \_\_\_\_\_



41. Have you ever been placed on probation? \_\_\_\_ Yes \_\_\_\_ No If yes, explain:

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

42. Have you ever been reported as a missing person or as a runaway? \_\_\_\_ Yes \_\_\_\_ No  
If yes, explain:

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

43. Have you ever been fingerprinted by a police agency other than for an arrest? \_\_\_\_ Y \_\_\_\_ N  
If yes, explain:

Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Purpose: \_\_\_\_\_  
Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Purpose: \_\_\_\_\_  
Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Purpose: \_\_\_\_\_

44. Can you operate a motor vehicle?  Yes  No

45. Do you possess a valid operator's license from the state of Arkansas?  Yes  No  
Operator License Number \_\_\_\_\_ Date Issued \_\_\_\_\_

46. Do you possess an operator's license issued by any state other than Arkansas?  Yes  No  
If yes, give state and number: \_\_\_\_\_

47. Has your license ever been suspended or revoked?  Yes  No  
If yes, state reason(s): \_\_\_\_\_

48. Was your license restored?  Yes  No

49. List any convictions for minor traffic violations:

Location	Approx Date	Nature of Violation	Penalty or Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ATTITUDE**

50. How do you respond to constructive criticism?

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

51. What do you consider to be the current social problems of greatest concern?

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52. What are your experiences and beliefs concerning the use of marijuana and/or other mind-altering drugs?

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**CAREER OBJECTIVES**

53. Briefly explain your reasons for applying for this position:

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54. Do you object to extra training hours, some may require traveling?  Yes  No

I hereby certify that all statements made in this application are true and complete. I understand that any misstatements of material facts will subject me to disqualification or dismissal from the application process.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name