



## EDUCATION

	ELEMENTARY	HIGH SCHOOL	UNDERGRAD COLLEGE/UNIV	GRADUATE/ PROFESSIONAL
School Name & Loc				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Describe course of study				
Describe any specialized training, apprenticeship skills, and extra-curricular activities				
Describe any honors you have received.				
State any additional information you feel may be helpful in considering your application				

**INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE**

	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and officer held.  
 (You may exclude memberships, which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.)

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### References

Give name, address, and telephone number of 3 references who are not related to you and are not previous employers.

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever had any job-related training in the United State military?

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, handicap, or other protected status.

Employer	Dates Employed From      To	Work Performed
Address	Telephone Number	
Job Title      /      Supervisor	Hourly Rate / Salary	
Reason for leaving		
Employer	Dates Employed From      To	Work Performed
Address	Telephone Number	
Job Title      /      Supervisor	Hourly Rate / Salary	
Reason for leaving		
Employer	Dates Employed From      To	Work Performed
Address	Telephone Number	
Job Title      /      Supervisor	Hourly Rate / Salary	
Reason for leaving		

If you need additional space, please continue on a separate sheet of paper

### Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience

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**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such in writing.

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**FOR PERSONNEL DEPARTMENT ONLY**

**Arrange Interview**     Yes     No

**Remarks** \_\_\_\_\_

\_\_\_\_\_

Employed     Yes     No                      Date of Employment \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RETURN THIS FORM WITH YOUR EMPLOYMENT APPLICATION

I \_\_\_\_\_ do hereby authorize the Louisa County Sheriff's Office or its agents, employees, or designees therein, to perform a background check or investigation of my personal history, should they deem necessary for the consideration of my applications as Communication Specialist for that department.

In addition, I give my consent to have the Louisa County Sheriff's Office perform any inquest they may deem necessary, which may include contacting previous employers, associates, clergy officials, and education instructors, but not limited to them, and conferring with them; and I authorize the Louisa County Sheriff's Office to perform a criminal background check with any local, state, or federal agency as they would feel necessary to satisfy a check of this nature.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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