



PRE-APPLICATION FOR EMPLOYMENT

Macon County Sheriff's Office



PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

POSITION APPLIED FOR: _____

E-MAIL: _____

PHONE: _____

DATE OF BIRTH: _____

DRIVERS LICENSE NUMBER: _____

DATE AVAILABLE: _____ **DESIRED PAY:** \$ _____ HOUR SALARY

MAY WE CONTACT YOU AT WORK? YES NO **PHONE NUMBER:** _____

HAVE YOU EVER BEEN BONDED? YES NO **ARE YOU A U.S. CITIZEN?** YES NO

IF NO, WHAT IS YOUR LEGAL RESIDENT PERMIT NUMBER: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES NO **Dates:** _____

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? YES NO

WHAT HOURS ARE YOU AVAILABLE TO WORK? ANY BUSINESS OTHER _____

PLEASE LIST ANY OTHER NAMES YOU HAVE USED: _____

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? YES NO

***IF YES, PLEASE EXPLAIN:** _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR? YES NO

IF YOU HAVE EVER BEEN CONVICTED OF A CRIME LIST EACH OFFENSE:



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BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ **DATE** _____

PRINT NAME _____



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AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any authorized representative of the County of Macon bearing this release, or copy thereof, within one (1) year of its date, to obtain any information in your files pertaining to my employment, credit, educational records and criminal records including, but not limited to, academic, achievement, attendance, athletic, personal history and disciplinary records; medical records (associated to the ability to perform within a specific job assignment) and credit records. I hereby direct you to release such information upon request to the bearer. This release is executed with the full knowledge and understanding that the information is for the official use of the County of Macon. I hereby release you, as custodian of such records and any school, college, university, or other bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively; from any and all liability for damages of whatever kind, which may at anytime result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with this release. Should there be any question as to the validity of this release, you may contact me as indicated below.

Full Name: _____
(Signature)

Full Name: _____
(Print)

Date: _____

Address: _____

Telephone: _____

Witness: _____
Representative of the County of Macon