## **Jersey County Government Job Application Form:**

## "Equal Opportunity/ Affirmative Action Employer"

|                                      | Today's Date:          |
|--------------------------------------|------------------------|
| Personal Information:                | • —                    |
|                                      |                        |
| Street Address:                      |                        |
| City/State/Zip                       |                        |
| <b>Contact Information:</b>          |                        |
| Phone                                | Email                  |
|                                      | sranchYears of service |
| Employment Interests:                |                        |
| Position Applying for                |                        |
| Date you can start                   |                        |
| Salary requested                     |                        |
| Education:                           |                        |
| High School Completed: YesNo_        | H.S. Name              |
| Education beyond High School:        |                        |
| N                                    | H' L . 4 D E I         |
| Major                                | Highest Degree Earned  |
| -                                    |                        |
| Work History: (Starting with current | <b>4</b> •             |
|                                      | Contact Information    |
|                                      | Length of Employment   |
| Position Held                        | Reason Leaving         |
| Employer                             | Contact Information    |
|                                      | Length of Employment   |
|                                      | Reason Leaving         |
| Employer                             | Contact Information    |
|                                      | Contact Information    |
|                                      | Length of Employment   |
| 1 OSIMUII FICIU                      | Reason Leaving         |
|                                      | Contact Information    |
| Address:                             | Length of Employment   |
| Docition Hold                        | Doggan I soving        |

## References: Professional: Name:\_\_\_\_\_Address:\_\_\_\_\_ Contact Information (Phone/email)\_\_\_\_ Occupation:\_\_\_\_\_ \_\_\_\_\_Address:\_\_\_\_\_ Contact Information (Phone/email)\_\_\_\_\_ Occupation:\_\_\_\_\_ References: Personal: Name:\_\_\_\_\_Address:\_\_\_\_\_ Contact Information (Phone/email)\_\_\_\_\_ Occupation: Additional Job Related Information you would like to share: The information provided is true and can be verified: (Printed Name) (Signature) (Date)

**County Board: HR103**