



# Cape Girardeau County Employment Application

Human Resources/Payroll Department 1 Barton Square, Ste. 301 – Jackson, MO 63755  
Phone: (573) 204-2415 Fax: (573) 204-2401 Website: [www.capecounty.us](http://www.capecounty.us)

## I. General Information

Date: \_\_\_\_\_ Position Applying for: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have a valid Driver's License? Yes No

Have you previously been employed by Cape Girardeau County? Yes No

If yes, name of supervisor and date employed: \_\_\_\_\_

When would you be available to start work?: \_\_\_\_\_

For part-time employment, indicate hours available to work: \_\_\_\_\_

Have you been convicted or plead guilty to a felony, as an adult: Yes No

*A criminal record or conviction will not automatically bar employment, but will be considered only as it reasonably relates to the position for which you are applying.*

If yes, please explain: \_\_\_\_\_

## II. Education

Name of High School: \_\_\_\_\_ Did you graduate or receive a G.E.D.? Yes No

Name of College, Trade or Technical School: \_\_\_\_\_ Did you receive a degree? Yes No

## III. Certificates and/or Licenses

Type of License/Certification*	License/Certification Number	Expiration Date	Issuing Agency

\*If listing a Commercial Driver License (CDL), please list if you hold a Class A, Class B or Class C License.

## IV. References

	Reference 1	Reference 2	Reference 3
Name:			
Phone Number:			

**V. Employment History**

Current/Most Recent Employer: \_\_\_\_\_  
May we contact this employer: Yes \_\_\_\_\_ No \_\_\_\_\_  
Employers Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Supervisor Name & Title: \_\_\_\_\_  
Employment Dates (mo/yr): From: \_\_\_\_\_ To: \_\_\_\_\_ Final Pay: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
List duties performed and skills used while employed: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_  
Employers Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Supervisor Name & Title: \_\_\_\_\_  
Employment Dates (mo/yr): From: \_\_\_\_\_ To: \_\_\_\_\_ Final Pay: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
List duties performed and skills used while employed: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_  
Employers Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Supervisor Name & Title: \_\_\_\_\_  
Employment Dates (mo/yr): From: \_\_\_\_\_ To: \_\_\_\_\_ Final Pay: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
List duties performed and skills used while employed: \_\_\_\_\_  
\_\_\_\_\_

**VI. Certification**

I hereby certify that all statements in this application are true and I authorize investigation and verification of any of this material. I understand that any misstatement or omission of information will cause forfeiture of my eligibility for employment and will result in my removal from eligibility list or dismissal from County employment. I authorize the employers listed above to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing information. I further agree to furnish proof of eligibility to work in the United States. I understand that Cape Girardeau County reserves the right to only notify those individuals selected for an interview as to the status of their application for employment.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_