

Application for Employment

Return to: Jefferson County Department of Job and Family Services

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should notify the Jefferson County DJFS. We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) applied for: _____

Date of Application: _____

How did you hear about the position?

Advertisement: ___ Relative: ___ Inquiry: ___ Website: ___ Friend: ___

Employment Agency ___ Other: _____

Name : _____
Last First Middle

Mailing Address: _____
Street Apt. City State Zip

Telephone #: (_____) _____ Mobile/Other: (_____) _____

E-mail: _____ Best time to contact you at home is: ___ am / pm ___

Have you ever submitted an application to Jefferson County DJFS? _____ If Yes, when? _____

Have you ever been employed by Jefferson County DJFS? _____ If Yes, when? _____

Are you legally eligible for employment in the United States? _____

If you are under 18, can you furnish a work permit? _____

Do you have a valid driver's license? _____ State / Number: _____

Can you provide evidence of insurability? ___yes/no ___

Are you able to meet all the attendance requirements of this position? _____

Are you able to work overtime if necessary? _____ Will you travel if the position requires it? _____

Do you have any friends / relatives currently employed by Jefferson County DJFS? _____ If Yes, who?

What is your desired salary range or rate of pay: \$ _____ per _____

Date available for work: _____

Type of employment desired: ___ Full Time ___ Part Time ___ Seasonal

Employment History: Starting with your most recent employer, provide the following information. Include any relevant volunteer activities, but exclude any organizations that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

1. From/To _____ Employer/Organization _____

Telephone # _____ Address _____

Job Title: _____ Supervisor _____ May We Contact? _____

Job Duties/Responsibilities _____

Reason for Leaving _____ Final Rate of Pay: _____

2. From/To _____ Employer/Organization _____

Telephone # _____ Address _____

Job Title: _____ Supervisor _____ May We Contact? _____

Job Duties/Responsibilities _____

Reason for Leaving _____ Final Rate of Pay: _____

3. From/To _____ Employer/Organization _____

Telephone # _____ Address _____

Job Title: _____ Supervisor _____ May We Contact? _____

Job Duties/Responsibilities _____

Reason for Leaving _____ Final Rate of Pay: _____

4. From/To _____ Employer/Organization _____

Telephone # _____ Address _____

Job Title: _____ Supervisor _____ May We Contact? _____

Job Duties/Responsibilities _____

Reason for Leaving _____ Final Rate of Pay: _____

Please Explain Any Gaps In Employment:

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree Obtained
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

Related Information: Please list any relevant professional or trade organizations of which you are a member. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

Organization	Offices Held

Please discuss your interest in employment with Jefferson County DJFS and any qualifications beyond what is reflected in your application. Use additional sheets if needed.

References: Please provide the names and telephone numbers of three professional references who are not related to you and are not previous supervisors. If professional references are not available, provide school or personal references who are not related to you.

Name: _____ Title: _____
Relationship: _____ Telephone: _____ Email: _____

Name: _____ Title: _____
Relationship: _____ Telephone: _____ Email: _____

Name: _____ Title: _____
Relationship: _____ Telephone: _____ Email: _____

Applicant Statement and Signature:

I certify that all information I have provided to apply for and obtain employment with Jefferson County DJFS is true, complete, and correct. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with Jefferson County DJFS and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from County service, whenever it is discovered. I give Jefferson County DJFS the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting Jefferson County DJFS in providing relevant, job-related information that will assist in this process. I expressly authorize, without reservation, Jefferson County DJFS, its representatives, members or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding Jefferson County DJFS, its agents, members or representatives, for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information about me.

I understand that an offer of employment may be contingent upon the successful completion of a pre-employment background criminal investigation.

DO NOT SIGN UNTIL YOU READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Applicant Signature: _____ Date: ____/____/____

Revised 7/24/2024