

CAMDEN COUNTY EMPLOYMENT APPLICATION, continued

10. OTHER SCHOOLS or TRAINING SCHOOLS

Include business, vocational, technical and other schools you have attended that are related to the title for which you are applying. If it is not a full curriculum, be specific as to the number of hours.

NAME & LOCATION	DATES ATTENDED (month & year)	SUBJECTS or COURSES	WAS COURSE COMPLETED?
	From: To:		<input type="checkbox"/> YES <input type="checkbox"/> NO
	From: To:		<input type="checkbox"/> YES <input type="checkbox"/> NO
	From: To:		<input type="checkbox"/> YES <input type="checkbox"/> NO
	From: To:		<input type="checkbox"/> YES <input type="checkbox"/> NO
	From: To:		<input type="checkbox"/> YES <input type="checkbox"/> NO

11. Use this space to describe any licenses, registrations, skill crafts (including machines or equipment operated) which relates to the position for which you are applying.

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12. LIST ALL EMPLOYMENT

Start with present or last position and work back. Include U.S. Military and volunteer experience. Please complete in full even though you may attach a resume.

Position/Title:	From: month/year	To: month/year	Salary/Wage: Starting: \$ Ending: \$
Employer's Name & Address		Supervisor's Name:	
		Employer's Phone Number:	
<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time	
		_____ Hours per week	
Reason for Leaving:			
Description of Duties:			

Position/Title:	From: month/year	To: month/year	Salary/Wage: Starting: \$ Ending: \$
Employer's Name & Address		Supervisor's Name:	
		Employer's Phone Number:	
<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time	
		_____ Hours per week	
Reason for Leaving:			
Description of Duties:			

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Position/Title:	From: month/year	To: month/year	Salary/Wage: Starting: \$ Ending: \$
Employer's Name & Address		Supervisor's Name:	
		Employer's Phone Number:	
<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time	
		_____ Hours per week	
Reason for Leaving:			
Description of Duties:			

Position/Title:	From: month/year	To: month/year	Salary/Wage: Starting: \$ Ending: \$
Employer's Name & Address		Supervisor's Name:	
		Employer's Phone Number:	
<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time	
		_____ Hours per week	
Reason for Leaving:			
Description of Duties:			

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13. Do you have any objection to our contacting any of the aforementioned employers regarding your employment? Yes No If yes, explain:

14. Are you engaged in other business activity or employment which you desire to continue if employed by the County of Camden? Yes No If yes, explain:

15. Do you or does a member of your immediate family own or have any interest in any organization that deals with, is regulated by or is otherwise affected by the operations of any department of the County of Camden? Yes No If yes, explain:

16. Do you have any relatives who work for the County? Yes No
 If yes, name of relative _____ Relative's position _____

17. List three (3) persons unrelated to you whom we may contact for information concerning your qualifications.

NAME	ADDRESS	PHONE#	OCCUPATION

18. In case of emergency, notify: Name: _____ Relation _____
 Phone: _____ Alternate Phone: _____

19. Applicant Date and Sign:

I hereby certify that there is no misrepresentation or falsification in the information stated in this application. I am aware that false or misleading statements will be cause for rejection or dismissal after employment.

Signature _____ Date _____