



Cooper County Employment Application

Human Resources/Payroll Department
200 Main Street, Rm. 24 – Boonville, MO 65233
Phone: (660) 882-0403

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 bay 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: _____
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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: _____