

DSS-800.1 (Rev. 9/93) PRE-EMPLOYMENT APPLICATION

It is the policy of the Department of Social Services to provide for and promote the equal opportunity of employment, compensation, and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, sex, disability, marital status, sexual preference or criminal record. The Department operates under the provisions of the Americans with Disabilities Act.

POSITION APPLYING FOR

NAME	SOCIAL SECURITY NUMBER
ADDRESS (No., Street, City, State, Zip Code)	PHONE (Include Area Code) Home: () Business: ()
Are you 18 years of age or older?	
<input type="checkbox"/> Yes <input type="checkbox"/> No (state your age) _____	

If you are not a citizen of the United States, do you have the legal right to accept employment in the United States?

Yes No

Is any additional information regarding a change of name or use of an assumed name or nickname necessary to enable a check on your work record?

Yes No

If Yes, explain _____

Have you ever been convicted of any crime (felony or misdemeanor)? Yes No

If Yes, explain under "Remarks" on reverse side.

Note: A conviction is not an automatic bar to employment. Each case is considered on individual merits.

Do you have a High School diploma or equivalency?	Yes	NAME AND ADDRESS OF HIGH SCHOOL OR DATE OF EQUIVALENCY	No	Highest Level of Formal Education you have received _____
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List all colleges, universities or other schools you have attended (include any specialized courses you have completed)

INSTITUTION AND CITY WHERE LOCATED	FROM - TO		MAJOR/MINOR OR SPECIAL COURSE	DEGREE REC'D		CREDITS REC'D
	Mo./Yr.	Mo./Yr.		Type	Date	

LIST SPECIAL QUALIFICATIONS, LICENSES HELD, EQUIPMENT OPERATED

If required for this position, do you have a valid license to operate a motor vehicle in this state? Yes No

Employment - (Start with most recent and go back 5 years - include all previous employment relevant to the position you are applying for; attach additional sheet if necessary.)

EMPLOYMENT (From - To)				SALARY (Week or Year)	NAME, ADDRESS, AND BUSINESS OF EMPLOYER
Mo.	Yr.	Mo.	Yr.		
DUTIES					TITLE
					REASON FOR LEAVING
NAME OF SUPERVISOR					TITLE OF SUPERVISOR
EMPLOYMENT (From - To)				SALARY (Week or Year)	NAME, ADDRESS, AND BUSINESS OF EMPLOYER
Mo.	Yr.	Mo.	Yr.		
DUTIES					TITLE
					REASON FOR LEAVING
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DUTIES					TITLE
					REASON FOR LEAVING
NAME OF SUPERVISOR					TITLE OF SUPERVISOR

Do you have any objections to our contacting your previous employers? Yes No Your present employer? Yes No

REMARKS:

List Civil Service exams taken and passed in the last 4 years.				THIS AFFIRMATION MUST BE COMPLETED: I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury. (Applicants are advised that all statements made by them in connection with their application(s) for employment are subject to investigation and verification.) I understand that any false statements made on this application or attached papers may lead to my dismissal.
Title	Type of Exam (City, County, State)	Year	Score	
_____ Signature of Applicant				_____ Date