



Give name, address and telephone number of three (3) references who are not related to you and are not previous employers.

---

---

---

---

**Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Handicaps.**

Government contractors are subject to 38 USC 2012 of the Viet Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual     Disabled Veteran     Vietnam Era Veteran

Signed: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

1. EMPLOYER \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

DATES EMPLOYED: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

HOURLY RATE/SALARY: STARTING: \_\$ \_\_\_\_\_ FINAL: \_\$ \_\_\_\_\_

Work Performed: \_\_\_\_\_

---

---

---

Reason for leaving: \_\_\_\_\_

2. EMPLOYER \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

DATES EMPLOYED: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

HOURLY RATE/SALARY: STARTING: \_\$ \_\_\_\_\_ FINAL: \_\$ \_\_\_\_\_

Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

3. EMPLOYER \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

DATES EMPLOYED: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

HOURLY RATE/SALARY: STARTING: \_\$ \_\_\_\_\_ FINAL: \_\$ \_\_\_\_\_

Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

4. EMPLOYER \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

DATES EMPLOYED: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

HOURLY RATE/SALARY: STARTING: \_\$ \_\_\_\_\_ FINAL: \_\$ \_\_\_\_\_

Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.**

**SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special skills and qualifications acquired from employment.

**Are you able to stand all day?**

Morgan County Sheriff's Department

Authorization Release

Date received: \_\_\_\_\_ Date of test (if applicable): \_\_\_\_\_

(Office use only)

(Office use only)

AUTHORIZATION TO RELEASE INFORMATION

\_\_\_\_\_  
Full legal name (Type/Print)

I hereby authorize and representative of the Morgan County Sheriff's Department bearing this release, or any copy thereof, within one year of its date, to obtain any information from individuals, employers, schools or agencies relating to my activities. This information may include but is not limited to, academic achievement, performance, attendance, personal history, disciplinary actions, credit, medical, birth, and other vital records, criminal and domestic court records and conviction and arrest records.

I further authorize and request your release of such information upon request of the bearer. I understand the information released is for official use only by authorized agents of the Morgan County Sheriff's Department and is necessary in fulfillment of official responsibilities.

I hereby release any individual from any and all liability for damages whatsoever, which may at any time result to me on account of compliance with any attempts to comply with this authorization.

**APPLICANT - SIGN ONLY IN THE PRESENCE OF A NOTARY**

GIVEN UNDER MY HAND THIS \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year

SIGNATURE: \_\_\_\_\_

\_\_\_\_\_  
NOTARY

On \_\_\_\_\_ Applicant's Name  
Month/Day-Year

personally appeared before me and acknowledged his/her signature to the above statement.

Notary Public \_\_\_\_\_ In \_\_\_\_\_  
Signature ( ) County ( ) City of State

My commission expires the \_\_\_\_\_ . 20 \_\_\_\_\_  
Day Month Year