CHEROKEE COUNTY
APPLICATION FOR EMPLOYMENT

Cherokee County is an Equal Opportunity Employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, disability, national origin, sexual orientation, or gender identity.

EMPLOYMENT DESIRED

Position	Date You Can Start	Salary Desired	Type of Employment Full Time ☐ Summer ☐ Part Time ☐ Temporary ☐

Are You Currently Employed Yes ☐ No ☐ May we contact your present employer? Yes ☐ No ☐

Have you ever applied to Cherokee County before? Yes ☐ No ☐ Where? When?

PERSONAL INFORMATION

Last Name First Name Middle Name

Address (Street or PO Box, City, State, Zip Code)

Email Address	Home Phone Number ( )	Referred By

EDUCATION

High School Attended and Location	No. Years Completed	Graduate? Yes ☐ No ☐	
College Attended and Location	No. Years Completed	Graduate? Yes ☐ No ☐	Degree?
Trade, Business or Correspondence School Attended and Location	No. Years Completed	Graduate? Yes ☐ No ☐	

MILITARY SERVICE

Have you served in the Armed Forces of the United States? From:_____ To:_____

Are you currently in the Reserves or National Guard? Yes_____ No _____

GENERAL

Special Courses or Training

Experience/Skills Related to the Position for which you are applying

OFFICE/SECRETARIAL APPLICANTS

	Years of Experience	Words Per Minute	Software Used
Typing/Keyboarding			
Computer Experience			

Other Skills/Training

EMPLOYMENT HISTORY (LIST PRESENT OR MOST RECENT POSITIONS FIRST).
You may attach additional sheets or a resume with your experience.

Name of Employer	Address (Street/PO Box, City, State, Zip Code)		
Phone ( )	Type of Business	Department	Your Position
Duties			
Name and Position of Immediate Supervisor			
Date Employed (Day, Mo, Yr)	Date Left (MM/DD/YYYY)	Starting Salary	Ending Salary
Reason for Leaving			

Name of Employer	Address (Street/PO Box, City, State, Zip Code)		
Phone ( )	Type of Business	Department	Your Position
Duties			
Name and Position of Immediate Supervisor			
Date Employed (Day, Mo, Yr)	Date Left (MM/DD/YYYY)	Starting Salary	Ending Salary
Reason for Leaving			

Name of Employer	Address (Street/PO Box, City, State, Zip Code)		
Phone ( )	Type of Business	Department	Your Position
Duties			
Name and Position of Immediate Supervisor			
Date Employed (Day, Mo, Yr)	Date Left (MM/DD/YYYY)	Starting Salary	Ending Salary
Reason for Leaving			

I certify that the information provided is true and correct.

Signature of Applicant

Date Signed