

RECOMMENDED APPLICATION FOR
CRAIGHEAD COUNTY, ARKANSAS
HIGHWAY DEPARTMENT

POSITION DESIRED _____ DATE _____

NAME _____
(FIRST) (MIDDLE) (LAST)

ADDRESS _____ PHONE _____
(STREET OR P.O. BOX) (CITY) (STATE) (ZIP)

Do you have a Social Security Card? Yes No

Have you ever been employed by Craighead County? Yes No If so when? _____

Will you accept a temporary position? Yes No

To insure that you are not placed in a position which might impair your health, or which might be a hazard to you or to others, we need the following information: Do you have or have you had, heart disease, a nervous breakdown, epilepsy, seizures, blackouts, back difficulty, tuberculosis, or diabetes? Yes No If answer is "Yes", please list give details: _____

Have you ever been convicted of a felony? Yes No If answer is "Yes", list offense, showing charge, date committed and disposition of the case. _____

CDL's Class A Yes _____ No _____
Arkansas Driver's License Number: _____

Military Service

Branch of Service	Date Entered	Date Discharged	Type of Discharge	Final Rank
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General Information

1. Please type or print clearly. In order to improve your chances for employment, all information requested should be provided as fully as possible.
 2. Completed applications may be submitted to Craighead County Highway Department
4108 Stadium Blvd. Jonesboro, Arkansas 72404
 3. Applications may be submitted by mail or in person between the hours of 8:00 A.M. and 5:00 P.M., Monday through Thursday.
 4. If you do not have a Social Security Card, you must obtain one before accepting employment with the County.
 5. Craighead County is an Equal Opportunity/Affirmative Action Employer. Discrimination because of age, sex, race, creed, color, or national origin is prohibited. There is no discrimination because of a handicap. Any applicant seeking employment with the County who feels discriminated against has the right of appeal. Such appeals shall be submitted, in writing to the Equal Opportunity/Affirmative Action Officer, County Courthouse, Jonesboro, Arkansas.
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EDUCATION

Schools	Attended	Graduate { } Yes { } No	
	<hr style="width: 100%;"/> From Year To Year	Last Grade Completed _____	Name of School & Location if Graduate

Grade School

High School

College

Trade , Business

Night, Correspondence

List other training or skills: _____

Additional Information necessary for a complete presentation of your qualifications: _____

State below where you have been employed. List in order, starting with your last or present position. Account for all time periods from schooling to present time.

From	To	Position	Type of	Top Pay	Reason For
Mo/Yr	MO/Yr	You Held	Work	Rate	Leaving

1. _____

2. _____

3. _____

4. _____

5. _____