★ SCOTT COUNTY HIGHWAY DEPARTMENT – EMPLOYMENT APPLICATION Position Applying For: Laborer Date: _____ I. PERSONAL INFORMATION Full Name: Address: _____ Phone Number: _____ Email Address: _____ Are you at least 18 years of age? ☐ Yes ☐ No Are you legally eligible to work in the United States? ☐ Yes ☐ No **Do you have a valid Missouri driver's license?** □ Yes □ No **Do you currently hold a CDL?** ☐ Yes ☐ No If no, are you willing to obtain one? ☐ Yes ☐ No II. EMPLOYMENT AVAILABILITY Date available to start work: _____ Have you ever worked for Scott County before? ☐ Yes ☐ No If yes, when and in what department? _____

III. EDUCATION

School Name	Location	Degree/Certificate	Year Completed
High School			
College/Trade School			
Other Training			

IV. EMPLOYMENT HISTORY

(Please list your last three employers, beginning with the most recent.)

Employer #1 Company Name:		
Job Title:		
Dates of Employment: From	To	
Supervisor:		
Phone:		
Reason for Leaving:		
Duties Performed:		
Employer #2 Company Name:		
Job Title:		
Dates of Employment: From	To	
Supervisor:		
Phone:		
Reason for Leaving:		
Duties Performed:		
Employer #3 Company Name:		
Job Title:		
Dates of Employment: From	To	
Supervisor:		
Phone:		
Reason for Leaving:		
Duties Performed:		

V. REFERENCES (Please list two professional or work-related references.)		
1. Name:	2. Name:	
Relationship:	Relationship:	
Phone:	Phone:	
VI. ADDITIONAL INFORMATION List any relevant skills, certifications, or licenses:		
Have you ever been convicted of a felor If yes, explain:		
the investigation of all statements containe	e and complete to the best of my knowledge. I authorize ed herein. I understand that false or misleading information ration or termination of employment if hired.	
Signature:		