



**APPLICATION FOR EMPLOYMENT  
UNDERAGE DRINKING TASK FORCE OPERATIONS**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Days Available: \_\_\_\_\_ Times Available: \_\_\_\_\_

\_\_\_\_\_

Have you been previously employed by the County/City: Yes ( ) No ( )

If yes, When? \_\_\_\_\_ Position? \_\_\_\_\_

Are you a citizen of the United States? Yes ( ) No ( )

Are you presently employed? Yes ( ) No ( ) Where? \_\_\_\_\_

Have you ever been employed under another name? Yes ( ) No ( )

If yes, what name(s)? \_\_\_\_\_

I hereby declare all information given is correct and accurate to the best of my knowledge and belief. I agree that my employment is based on the facts that I have given and any intentional misrepresentation on my part will constitute a release the employer and for any liability that he may encounter by having acted on such facts and also constitutes grounds for my dismissal. I hereby authorize the County/City to investigate the facts claimed by me.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_