



**ALEXANDER COUNTY**  
**Employment Application**  
**Position of County Manager**

**Personal Information**

Name: \_\_\_\_\_  
First Middle Last

Physical Address: \_\_\_\_\_  
Street City State Zip

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

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

Phone Number: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

Driver's License: ☐ Yes ☐ No DL Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Legal Right to Work in the United States? ☐ Yes ☐ No Language(s): \_\_\_\_\_

**Preferences**

Minimum Compensation: \_\_\_\_\_ Are you willing to relocate? ☐ Yes ☐ No

Comments:

**Education**

School Name: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Location (City, State): \_\_\_\_\_

Did you graduate? ☐ Yes ☐ No Degree Received: \_\_\_\_\_

Major: \_\_\_\_\_

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School Name: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Location (City, State): \_\_\_\_\_

Did you graduate? ☐ Yes ☐ No Degree Received: \_\_\_\_\_

Major: \_\_\_\_\_

## Education Continued

School Name: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Location (City, State): \_\_\_\_\_

Did you graduate? ☐ Yes ☐ No Degree Received: \_\_\_\_\_

Major: \_\_\_\_\_

\*\*\*\*\*

School Name: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Location (City, State): \_\_\_\_\_

Did you graduate? ☐ Yes ☐ No Degree Received: \_\_\_\_\_

Major: \_\_\_\_\_

## Work Experience

Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Supervisor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Position Title: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Number of Employees Supervised by You: \_\_\_\_\_

Duties:

Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Supervisor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Position Title: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Number of Employees Supervised by You: \_\_\_\_\_

Duties:

Reason for Leaving: \_\_\_\_\_

## Work Experience Continued

Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Supervisor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Position Title: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Number of Employees Supervised by You: \_\_\_\_\_

Duties:

Reason for Leaving: \_\_\_\_\_

\*\*\*\*\*  
Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Supervisor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Position Title: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Number of Employees Supervised by You: \_\_\_\_\_

Duties:

Reason for Leaving: \_\_\_\_\_

## Certificates and Licenses

## Signature

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

Applicants are required to submit this completed & signed application, detailed resume, and cover letter to:  
dbechtel@teaguecampbell.com