

EMPLOYMENT APPLICATION

PERSONAL

Name (Last)	(First)	(Middle)	Telephone
<hr/>			
Address	City	State	Zip
<hr/>			

OTHER EMPLOYMENT RELATED INFORMATION

Check the following options which you would consider:

Full Time Part Time
 Temporary

List any relative working for this County:

Name	Department
<hr/>	

If minor, age _____

Can you, after employment, submit a birth certificate or other proof of U.S. citizenship? Yes No

If not a U.S. Citizen, can you, after employment, submit verification of your legal right to work permanently in the U.S.? Yes No

Were you previously employed by this County?

Yes No

Date(s) _____

Have you ever been convicted of a felony or been convicted of a misdemeanor resulting in imprisonment or a fine over \$500 during the last 10 years? (Conviction will not necessarily disqualify an applicant) Yes No

Do you have the ability to perform the job related functions of the job applied for? Yes No

If the answer to the above question is no, please describe what accommodations would enable you to perform the job related functions of the job applied for. _____

EDUCATION & TRAINING

High School	Address	Graduated	___ Y ___ N
<hr/>			
College or University	Address	Major	Degree ___ Y ___ N
<hr/>			
Trade School	Address	Subjects	Completed ___ Y ___ N
<hr/>			
Apprentice School	Address	Subjects	Completed ___ Y ___ N

List any other education, training, special skills or certificates/licenses that you possess related to this job: _____

List any machines or equipment that you are qualified and experienced at operating: _____

REFERENCES

List business persons known, but not related to you, for at least three years:

Name	Title	Business	Phone	Years Known
1. _____				
2. _____				
3. _____				

EXPERIENCE

List the last 10 years work experience beginning with the most recent.

Name of Employer	Type of Business			
Address	City	State	Zip	Telephone
_____	_____	_____	_____	_____
Dates Employed	Starting Title		Last Title	
_____	_____		_____	
Name & Title of Supervisor: _____				
May we contact? <input type="checkbox"/> Y <input type="checkbox"/> N Was Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time				
Reason for Leaving: _____				
Brief Description of Duties: _____				

Name of Employer	Type of Business			
Address	City	State	Zip	Telephone
_____	_____	_____	_____	_____
Dates Employed	Starting Title		Last Title	
_____	_____		_____	
Name & Title of Supervisor: _____				
May we contact? <input type="checkbox"/> Y <input type="checkbox"/> N Was Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time				
Reason for Leaving: _____				
Brief Description of Duties: _____				

Name of Employer _____

Type of Business _____

Address _____

City _____

State _____

Zip _____

Telephone _____

Dates Employed _____

Starting Title _____

Last Title _____

Name & Title of Supervisor: _____

May we contact? Y N Was Employment Full Time Part Time

Reason for Leaving: _____

Brief Description of Duties: _____

Drivers

Position Applying For

Do you have a valid driver's license in this state?

Y N

If yes, license #: _____

List license type: _____

List any moving violation during the last 5 years:

Laborer

Truck Driver

Mechanic

Equipment Operator

Courthouse Deputy

Janitorial

Other (Be specific) _____

APPLICANT'S CERTIFICATION

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false information contained in this application may result in my discharge.

I authorize you to communicate with all my former employers, school officials and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand that as this County deems necessary, I may be required to work overtime hours or hours outside a normally defined work day or work week. If employed, I understand and agree that such employment may be terminated at any time for any reason not prohibited by law and without any liability to me for any continuation of salary, wages or employment related benefits (not required by law).

Date _____ Signature _____

Completing and returning of this application to the County does not guarantee employment and does not constitute an offer of employment.

EEO/ADA Statement: This County does not discriminate on the basis of religion, sex, age, national origin, political affiliation, mental or physical disability in its hiring or employment practices.