APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied for _____

Referral Source: ___ Advertisement _____ Friend _____ Relative _____Walk-In ___Internet

___ Employment Agency _____ Other _____

Name: _____
LAST FIRST MIDDLE

Address:_____
NUMBER STREET CITY STATE ZIP CODE

Telephone: _(_____)_____

If employed and you are under 18, can you furnish a work permit? _____ YES _____ NO

Have you filed an application here before? _____ YES _____ NO If Yes, give date: _____

Have you ever been employed here before? _____ YES _____ NO If Yes, give date: _____

Are you employed now? _____ YES _____ NO

May we contact your present employer? _____ YES _____ NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? _____ YES _____ NO
(Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? _____

Are you available to work - _____ Full Time _____ Part-Time _____ Shift Work _____ Temporary

Are you on a lay-off and subject to recall? _____ YES _____ NO

Can you travel if a job required it? _____ YES _____ NO

Have you been convicted of a felony within the last 7 years? _____ YES _____ NO
"Conviction will not necessarily disqualify applicant from employment."

If Yes, please explain _____

AN EQUAL OPPORTUNITY EMPLOYER

Give name, address and telephone number of three (3) references who are not related to you and are not previous employers.

_____

_____

_____

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Viet Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

_____ Handicapped Individual _____ Disabled Veteran _____ Vietnam Era Veteran

Signed: _____

EDUCATION

	Name and Address Of School	Course of Study	Years Completed	Diploma or Degree
Elementary School				
High School				
Undergraduate				
Graduate Professional				

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

1. EMPLOYER_____ TELEPHONE: _____

ADDRESS: _____

JOB TITLE: _____ SUPERVISOR: _____

DATES EMPLOYED: FROM: _____ TO: _____

HOURLY RATE/SALARY: STARTING: _$_____ FINAL: _$_____

REASON FOR LEAVING:_____

Work Performed: _____

_____

_____

_____

2. EMPLOYER_____ TELEPHONE: _____

ADDRESS: _____

JOB TITLE: _____ SUPERVISOR: _____

DATES EMPLOYED: FROM: _____ TO: _____

HOURLY RATE/SALARY: STARTING: _$_____ FINAL: _$_____

REASON FOR LEAVING:_____

Work Performed: _____

_____

_____

_____

3. EMPLOYER_____ TELEPHONE: _____

ADDRESS: _____

JOB TITLE: _____ SUPERVISOR: _____

DATES EMPLOYED: FROM: _____ TO: _____

HOURLY RATE/SALARY: STARTING: _$_____ FINAL: _$_____

REASON FOR LEAVING:_____

Work Performed: _____

_____

_____

_____

4. EMPLOYER_____ TELEPHONE: _____

ADDRESS: _____

JOB TITLE: _____ SUPERVISOR: _____

DATES EMPLOYED: FROM: _____ TO: _____

HOURLY RATE/SALARY: STARTING: _$_____ FINAL: _$_____

REASON FOR LEAVING:_____

Work Performed: _____

_____

_____

_____

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment.

_____

_____

_____

_____

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorized investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is on an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless charge is specifically acknowledge in writing by a County Commission order.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules of the employer.

_____ _____

Signature Date