

# **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

Email address: \_\_\_\_\_

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

Email address: \_\_\_\_\_

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.

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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