



*This application will remain active for 90 days.  
Reapplication is necessary after that time period.*

## Employment Application

Please complete all questions for employment consideration

Name \_\_\_\_\_

Present Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ How did you hear of us? \_\_\_\_\_

If employee referral, please provide their name \_\_\_\_\_

Type of work or position applied for? \_\_\_\_\_  Full Time  Part Time  
Date Available to Begin work \_\_\_\_\_  
Days Available \_\_\_\_\_ Hours Available \_\_\_\_\_

Describe why you are qualified for the position \_\_\_\_\_  
**(Attach resume if possible)**

Compensation requirements \_\_\_\_\_ Are you over 16?  Yes  No

Have you been employed by us before?  Yes  No If yes, when? \_\_\_\_\_

Have you applied for employment with us previously?  Yes  No Date and Result \_\_\_\_\_

If you have relatives employed with us, their name/relationship \_\_\_\_\_

If you would be engaged in any other work while in our employ, please explain \_\_\_\_\_

If hired, can you demonstrate eligibility to work in the United States?  Yes  No

Has a former employer ever disciplined you for tardiness or absenteeism?  Yes  No

If yes, please explain: \_\_\_\_\_

Would a former employer categorize your attendance as meeting expectations?  Yes  No

If no, please explain: \_\_\_\_\_

Could you provide us a copy of your last performance evaluation?  Yes  No

After learning of the job duties, to the best of your knowledge would you be able to perform all the essential functions of the position you are applying for?  Yes  No

If "no" please explain: \_\_\_\_\_

## HISTORY OF EMPLOYMENT

List your complete employment record (including temporary, regular, and part-time) in date order.  
List the most recent first. Include military service if applicable.

---

### MOST RECENT EMPLOYER

Are you currently working for this company?  Yes  No If yes, may we contact?  Yes  No

Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_ Contact Information: \_\_\_\_\_

Starting Position \_\_\_\_\_ Ending Position \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Brief Job Description \_\_\_\_\_

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

---

### EMPLOYER

Are you currently working for this company?  Yes  No If yes, may we contact?  Yes  No

Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_ Contact Information: \_\_\_\_\_

Starting Position \_\_\_\_\_ Ending Position \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Brief Job Description \_\_\_\_\_

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

---

### EMPLOYER

Are you currently working for this company?  Yes  No If yes, may we contact?  Yes  No

Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_ Contact Information: \_\_\_\_\_

Starting Position \_\_\_\_\_ Ending Position \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Brief Job Description \_\_\_\_\_

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

---

If you were employed under a different name in any of these positions, give name and applicable company:

\_\_\_\_\_

Account for any gaps in employment in the last 5 years (periods of 4 weeks or more)

From	To	Reason

---

**EDUCATIONAL BACKGROUND**

School Name/ Address	Dates Attended	Date Graduated	Diploma / Degree Certificate	Grade Point / Honors
HIGH SCHOOL	N / A	N / A		
BUSINESS / TRADE				
COLLEGE / UNIV.				

---

**INDICATE TRAINING OR EXPERIENCE PERTINENT TO THE JOB**

Computer Skills: \_\_\_\_\_

Equipment: \_\_\_\_\_

Vehicles: \_\_\_\_\_

Other Skills / Qualifications: \_\_\_\_\_

**ACKNOWLEDGEMENT OF UNDERSTANDING AND CONSENT**

Please read thoroughly before signing

It is understood that this application is not an obligation of employment.

I hereby authorize the County to investigate all references and former employment, and I release from liability those supplying such information. I understand that upon offer of employment, I may be required to take a drug test at the County’s expense. I realize that the offer of employment is contingent upon my test results being substance-free and satisfactory information being received from reference sources.

I will provide proof of my eligibility to work on the date of hire as required by “The Immigration Reform and Control Act of 1986”.

I understand that the County can make no guarantee as to the numbers of hours that I may be assigned from week to week, and any reduction in hours can affect my compensation and benefits. I also understand that I may be required to change days off and scheduled hours on a temporary or regular basis in order to continue my employment. Also, I understand that the County reserves the right to transfer me to another position, as business necessitates, and my continued employment may be predicated upon my acceptance of said transfer. I understand that evenings or weekends may be part of any schedule I may be assigned.

I understand that my employment is not governed by any written or oral contract and is considered an “at will” arrangement. I understand that I am free, as is the County, to terminate employment at any time for any reason, so long as there is no violation of applicable Federal or State law unless modified by a collective bargaining agreement.

I state that the information on this application is true and complete. False statements, misrepresentations, or omission may be cause for cancellation of an employment offer or termination, even if already employed. I agree that I have read and understand the above acknowledgements and agreements and recognize all of the above as conditions of employment.

I understand that if employed in a position governed by a collective bargaining agreement to which the County is a party that once I am covered by that agreement its terms may supersede some of the statements in this acknowledgement of understanding.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

---

**DO NOT WRITE BELOW THIS LINE – FOR EMPLOYER USE**

Management Approval\_\_\_\_\_

Start Date\_\_\_\_\_Exempt/Rate\_\_\_\_\_Non-Exempt/Rate\_\_\_\_\_

Full-Time\_\_\_\_\_Part-Time\_\_\_\_\_Position\_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER**