

CLINTON COUNTY GOVERNMENT

APPLICATION FOR EMPLOYMENT



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation or any other legally protected status. Applicants who require reasonable accommodations during the application or hiring process should contact the Department of Human Resources.

(PLEASE PRINT)

Position Applied For, Including Position Number (position number found on job description):	Date of Application
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How Did You Learn About Us?

Advertisement
 Relative
 Inquiry
 Employment Agency
 Friend
 Other _____

Last Name	First Name	Middle Name
Address	City	State Zip Code
Telephone Number & Email Address		Driver's License Number

Best time to contact you at home is _____:_____ AM / PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date: _____ Yes No

Have you ever been employed with us before? Yes No

If Yes, give date: _____ Yes No

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you a U.S. citizen or otherwise legally authorized to work in the United States?
(Proof of citizenship or legal authorization to work in the United States will be required upon employment.)..... Yes No

Date available for work: ___/___/___ What is your desired salary \$ _____

Are you available to work: Full-Time? (please indicate 1 2 3 shift)
 Part-Time? (please indicate Mornings Afternoon Evenings)
 Temporary? (please indicate dates available) ___/___/___ to ___/___/___

Are you currently on "lay-off" status and subject to recall? Yes No

Do you have a valid Driver's License, without restrictions? Yes No

Can you travel if a job requires it? Yes No

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Credential Received
High School or GED				<input type="checkbox"/> Yes <input type="checkbox"/> No

Higher Education	Name and Address of School	Course of Study	Years Completed	Type of Degree Received
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities that are relevant to the position being sought.

Are you requesting consideration of Veteran's Preference Status? Yes No

If you are requesting Veteran's Preference, please submit a copy of your DD-214 and provide the following information:

Branch of the Armed Services _____
 Dates of Service _____
 Date of Discharge _____
 Type of Discharge _____

Do you identify as a widow or widower of a deceased Veteran or are you the spouse of a fully disabled Veteran?

Applicants entitled to spousal preference who meet all required employment criteria receive additional consideration. In the event that there is more than one equally qualified applicant and one qualifies for spousal preference, that individual shall be offered the position.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, sexual orientation, disability or other protected status:

SPECIALIZED SKILLS (Check applicable skills)

<input type="checkbox"/> MS Word	<input type="checkbox"/> MS Excel	<input type="checkbox"/> MS Publisher
<input type="checkbox"/> MS Access	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, sexual orientation, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed

	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Reason for Leaving			
3. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Reason for Leaving			

State any additional information relevant to the position that are seeking that you believe may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

REFERENCES- Listed references will be contacted. Please note that professional references are preferred over personal references. Please fill this section out in its entirety.

1.	Name	Phone #
	Place of Employment	Email Address (required)
	Job Title	Relationship to Applicant
2.	Name	Phone #
	Place of Employment	Email Address (required)
	Job Title	Relationship to Applicant

3.	Name	Phone #
	Place of Employment	Email Address (required)
	Job Title	Relationship to Applicant

Have you ever been convicted of or entered a plea of guilty or no contest to any felony or misdemeanor?
 Yes No

If you answered yes, please identify the violations that you were convicted of and provide the date and place of conviction. Conviction will not necessarily disqualify an applicant from employment.

APPLICANT’S STATEMENT

I certify that answers given herein are true and complete.

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 and regulations of the employer, and that the employer reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment to the extent permitted by law.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize the County to investigate my work, criminal and personal history and verify all data given on this application, or related papers or in interviews. I authorize all individuals, employers named therein (except my current employer if so noted) to provide any information requested about me, and I release them from all liability for damages in providing this information.

I hereby understand and acknowledge that, unless otherwise defined by applicable law or collective bargaining agreement, any employment relationship with this organization is of an “at-will” nature, which means that the Employee may resign at any time and the County may discharge Employee at any time with or without cause.

Signature of Applicant _____
Date

FOR PERSONNEL DEPARTMENT USE ONLY	
Position(s) Applied For Is Open: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position(s) Considered For : _____	

_____ Date _____
Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate / Salary _____ Department _____

By _____
Name and Title Date