

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.

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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.

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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.

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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