

**EMPLOYMENT APPLICATION
GRANT COUNTY**

PERSONAL

1. NAME (LAST) (FIRST) (MIDDLE) TELEPHONE

2. ADDRESS (STREET) (CITY) (STATE) (ZIP CODE)

3. Check the following options you would consider:

Full Time Part Time Temporary

4. List any relative working for the County:

Name	Department
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5. If a minor, state your age _____

6. Can you after employment submit a birth certificate or other proof of U.S. citizenship?

Yes No

7. If not an U.S. Citizen, can you after employment, submit verification of your legal right to work permanently in the U.S.? Yes No

8. Were you previously employed by this County? Yes No

If previously employed, state period of employment. _____

9. Have you ever been convicted of a felony or been convicted of a misdemeanor resulting in imprisonment or a fine over \$500.00 during the last ten years? (Conviction will not necessarily disqualify an applicant) Yes No

10. Do you have the ability to perform the job-related functions of the job applied for?

Yes No

If the answer to the above question is no, please describe what accommodations would enable you to perform the job related functions of the job applied for: _____

11. Do you have a valid driver's license in this state? ___Yes ___No

a. If yes; license no.: _____

b. List license class/type: _____

12. List any moving violation during the last five years:

a. _____

b. _____

c. _____

d. _____

13. Position applying for:

___ Laborer

___ Truck Driver

___ Mechanic

___ Equipment Operator

___ Courthouse Deputy

___ Janitorial

___ Office/Clerical

___ Other (be specific)

EEO/ADA Statement: This County does not discriminate on the basis of religion, sex, age, national origin, political affiliation, mental or physical disability in its hiring or employment practices.

WORK EXPERIENCE

List most recent employment first.

1. Name of Employer Type of Business

Address City State Zip Code Phone

Date Employed Starting Title Last Title
From _____ To _____

Name and Title of Supervisor May we contact?
___Yes ___No Employed
___Full time
___Part time Reason for leaving

Brief description of duties and responsibilities:

2. Name of Employer Type of Business

Address City State Zip Code Phone

Date Employed Starting Title Last Title
From _____ To _____

Name and Title of Supervisor May we contact?
___Yes ___No Employed
___Full time
___Part time Reason for leaving

Brief description of duties and responsibilities:

3. Name of Employer

Type of Business

Address

City

State

Zip Code

Phone

Date Employed

Starting Title

Last Title

From _____ To _____

Name and Title
of Supervisor

May we contact?
___ Yes ___ No

Employed
___ Full time
___ Part time

Reason for leaving

Brief description of duties and responsibilities:

EDUCATION AND TRAINING

1. HIGH SCHOOL ATTENDED ADDRESS

Graduated ___Yes ___No

2. COLLEGE OR UNIVERSITY ADDRESS

Major _____ Degree/Year _____

3. TRADE SCHOOL ADDRESS

Subjects _____

Completed ___Yes ___No

4. APPRENTICE SCHOOL ADDRESS

Subjects _____

Completed ___Yes ___No

5. List any other education, training, special skills, or certificates/licenses you possess related to this job:

- a. _____
- b. _____
- c. _____
- d. _____

6. List any machines or equipment you are qualified and experienced at operating:

- a. _____
- b. _____
- c. _____
- d. _____

7. List businesspersons known; but not related, to you for at least three years:

- 1. _____
- 2. _____
- 3. _____

APPLICANT'S CERTIFICATION

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false information contained in this application may result in my discharge.

I authorize you to communicate with all my former employers, school officials and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand that as this County deems necessary, I may be required to work overtime hours or hours outside a normally defined work day or work week. If employed, I understand and agree that such employment may be terminated at any time for any reason not prohibited by law and without any liability to me for any continuation of salary, wages, or employment related benefits (not required by law).

Date _____ Signature _____

The filling out and returning of this application to the County does not guarantee employment and does not constitute an offer of employment.

I, _____, give permission to Grant County to check my references and check my records.

Date _____

Signature of Applicant

Witness