

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 non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application	
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)				Social Security Number	

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: _____

Have you ever been employed with us before? Yes No

If Yes, give date: _____

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

Can you travel if a job requires it? Yes No

Have you been convicted of a felony? Yes No

Conviction will disqualify an applicant from employment.

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Elementary School				High School				Undergraduate College/University				Graduate/Professional				
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held.
 You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States Military? Yes No
 If yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

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, handicap or other protected status.

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

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

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

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including but not limited to criminal records, credit reports, and previous employment.

This application for employment shall be considered active for a period of time not to exceed one (1) year. An 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 of 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, by conduct or oral statement unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Interviewer Date

Employed Yes No Date of Employment _____

Hourly Rate/

Job Title _____ Salary _____ Department _____

BY _____

Name and Title

Date

NOTES _____

NOTE: BE SURE A NOTARY PUBLIC NOTARIZES YOUR SIGNATURE

AUTHORIZATION TO RELEASE INFORMATION

I have applied to the Crook County Clerk of District Court Office for the Deputy position. The Crook County Clerk of District Court Office will conduct a personal background investigation.

I hereby authorize the Crook County Clerk of District Court, or any other person designated by the Crook County Clerk of District Court, to investigate my present and past record of character and to ascertain any and all information which may concern my record and character, whether the same is of record or not. This authorization includes, but is not limited to information, records, statements, and opinions pertaining to my employment, pre-employment, military, financial credit, selective service, conviction, driving, or educational histories including, but not limited to academic achievement, attendance, disciplinary records, background reports, polygraph results, efficiency ratings, any and all internal affairs investigations, complaints or grievances filed by or against me, records of complaints of civil nature made by or against me, information of a confidential or privileged nature, and the recollection of attorneys-at-law or other counsel representing or having represented me. I further understand that statements will be solicited from past and present employers, acquaintances, spouses, relatives, etc., and I waive any cause(s) of action against such interviews based on the content of their statements. I authorize the Crook County Commissioners Office or any other or any other person designated by the Crook County Commissioners, to examine and obtain copies and abstracts of records and documents.

The disclosure of this information will be used to assist the Crook County Clerk of District Court Office in determining my suitability for employment with the Crook County Clerk of District Court Office. If unable to obtain the requested information, the Crook County Clerk of District Court Office will not be able to complete a thorough background investigation and may be unable to determine my suitability for employment.

This authorization or a copy of it, when presented by any means, in conjunction with an official request or in person by an officer or authorized representative of the Crook County Clerk of District Court Office or other designated person, is valid for one calendar year (365 days) from the date I indicated below. This release is executed with full knowledge and understanding the information is for the official use of the Crook County Clerk of District Court Office.

I hereby release all persons, organizations, corporations, or entities from any and all charges and liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

TO THE PERSON RECEIVING THIS AUTHORIZATION:

Upon presentation of this release or a copy of it, I hereby direct and authorize you to fully and completely disclose and release such information and to release copies and abstracts to any officer or authorized representative of the Crook County Clerk of District Court Office or any other person designated by the Crook County Clerk of District Court Office to conduct my background investigation.

TO BE COMPLETED BY APPLICANT

DATE: _____ **PRINT FULL NAME:** _____
(FIRST) (MIDDLE) (LAST)

SIGNATURE: _____

OTHER NAMES USED (NICKNAMES, MAIDEN NAMES, ETC.) _____

ADDRESS: _____

DATE OF BIRTH: _____ **SOCIAL SECURITY NUMBER** _____ **TELEPHONE NUMBER** _____

(The social security number will be used for identification purposes to ensure proper records are obtained. In accordance with the Federal Privacy Act of 1974, disclosure of this number is voluntary.)

SUBSCRIBED AND SWORN TO IN MY PRESENCE, THIS _____ **DAY OF** _____, 20_____

SEAL

NOTARY PUBLIC AUTHORIZED TO ADMINISTER OATH

AN EQUAL OPPORTUNITY/AMERICANS WITH DISABILITIES ACT EMPLOYER