

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

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

**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	
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				

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.

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# 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

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NOTE: BE SURE A NOTARY PUBLIC NOTARIZES YOUR SIGNATURE

## AUTHORIZATION TO RELEASE INFORMATION

I have applied to the Crook County \_\_\_\_\_ Office or Department, for the position of \_\_\_\_\_  
\_\_\_\_\_. The potential employer requires a personal background investigation due to the nature of the  
position.

I hereby authorize \_\_\_\_\_ (name of potential employer), herein after  
referred to as the EMPLOYER, or any other person designated by the EMPLOYER 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  
EMPLOYER or any other or any other person designated by the EMPLOYER, to examine and obtain copies and abstracts of records  
and documents.

The disclosure of this information will be used to assist the EMPLOYER in determining my suitability for employment with  
the EMPLOYER. If unable to obtain the requested information, the EMPLOYER 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 EMPLOYER 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  
EMPLOYER

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 EMPLOYER or any other person  
designated by the EMPLOYER 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 \_\_\_\_\_

NOTARY PUBLIC AUTHORIZED TO ADMINISTER OATH

AN EQUAL OPPORTUNITY/AMERICANS WITH DISABILITIES ACT EMPLOYER