

Application For Employment



WASHINGTON COUNTY

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

| | |
|---|---------------------|
| Positions(s) Applied For | Date of Application |
| How did you learn about us? <input type="checkbox"/> Walk-In <input type="checkbox"/> Relative <input type="checkbox"/> Advertisement _____ <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other _____ | |

| | | |
|-----------------------------|------------|-------------------------------------|
| Last Name | First Name | Middle Name |
| Address Number Street | City | State Zip Code |
| Telephone Number(s) | | Email Address |

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 _____

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

Are you currently employed? 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.

Date available for work ____ / ____ / ____ What is your desired salary range? _____

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

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

| | Elementary School | High School | | | | Undergraduate College/University | | | | Graduate/Professional | | | |
|---------------------------------|-------------------|-------------|----|----|----|----------------------------------|---|---|---|-----------------------|---|---|---|
| School Name and Location | | | | | | | | | | | | | |
| Years Completed | | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Diploma Degree | | | | | | | | | | | | | |
| Describe Course of Study | | | | | | | | | | | | | |

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, disabilities or other protected status.

| | | | | |
|---------------------|------------|--------------------|-------|----------------|
| Employer | | Dates Employed | | Work Performed |
| | | From | To | |
| Address | | | | |
| Telephone Number(s) | | Hourly Rate/Salary | | |
| | | Starting | Final | |
| Job Title | Supervisor | | | |
| Reason for leaving | | | | |
| Employer | | Dates Employed | | Work Performed |
| | | From | To | |
| Address | | | | |
| Telephone Number(s) | | Hourly Rate/Salary | | |
| | | Starting | Final | |
| Job Title | Supervisor | | | |
| Reason for leaving | | | | |
| Employer | | Dates Employed | | Work Performed |
| | | From | To | |
| Address | | | | |
| Telephone Number(s) | | Hourly Rate/Salary | | |
| | | Starting | Final | |
| Job Title | Supervisor | | | |
| Reason for leaving | | | | |

| Employer | Dates Employed | | Work Performed |
|--|--------------------|-------|----------------|
| | From | To | |
| Address | | | |
| Telephone Number(s) | Hourly Rate/Salary | | |
| | Starting | Final | |
| Job Title | Supervisor | | |
| Reason for leaving | | | |
| Comments: Include explanation of any gaps in employment. | | | |

Additional Information

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any job-related training received in the United States military.

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

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

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

Specialized Skills (Check Skills/Equipment Operated)

| | | | |
|---|--|--|----------------|
| <input type="checkbox"/> PC | <input type="checkbox"/> Microsoft Word | Production/Mobile Machinery (list): | Other (lists): |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Microsoft Excel | | |
| <input type="checkbox"/> Ten-Key | <input type="checkbox"/> Microsoft Office | _____ | _____ |
| <input type="checkbox"/> Typing | <input type="checkbox"/> Multi-line Phone System | _____ | _____ |
| WPM _____ | <input type="checkbox"/> Fax | _____ | _____ |
| State any additional information you feel 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.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?

Yes No

References

| | | | |
|----|-----------------|-----------|-----------------|
| 1. | _____ (Name) | (_____) | _____ (Phone #) |
| | _____ (Address) | | _____ (Title) |
| 2. | _____ (Name) | (_____) | _____ (Phone #) |
| | _____ (Address) | | _____ (Title) |
| 3. | _____ (Name) | (_____) | _____ (Phone #) |
| | _____ (Address) | | _____ (Title) |

Applicant's Statement & Acknowledgement

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.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any 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.

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.

I understand and agree, if required for this position, I will authorize my employment eligibility verification under Federal Department of Homeland Security Regulation, a pre-employment driving record check, pre-employment physical and/or criminal history check. And, in accordance with the County's adopted policies, I will submit to a pre-employment drug/alcohol screening as well as any (if hired) employee required drug/alcohol screenings (random or reasonable suspension). I understand and agree that if I refuse to submit to such physical, drug/alcohol screening, driving record check, or criminal history check, I will not be eligible for further consideration for employment. I also understand that if employed, refusal to submit to such exams or a positive result on a drug/alcohol screening will be grounds for disciplinary action, which may include termination of my employment.

Signature of Applicant

Date