## **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.

$(P_{\cdot})$	LEASE PRINT)			
Positions(s) Applied For	,	Date of A	pplication	n
How did you learn about us?				
· · · · · · · · · · · · · · · · · · ·	Advertisement			
☐ Employment Agency ☐ Friend ☐	Other			
Last Name First Nam	e	Middle Name		
Address Number Street	City	State	Zip Co	ode
Telephone Number(s)	Email Addre	ess		
If you are under 18 years of age, can your provide re	equired 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 spous	e, work here?		☐ Yes	□ No
Are you currently employed?			□ Yes	□ No
Are you prevented from lawfully becoming employed because of Visa or Immigration Status?  Proof of citizenship or immigration status will be required.	·		□ Yes	□ No
Date available for work//		y range?		
Are you available to work:	e Part-Time	Shift Work	□ Temp	orary
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 EQU	AL OPPORTUNITY EMPLOY	ER		

## 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 From To		Work Performed	
Address					
Telephone Number(s)		Hourly R			
		Starting	Final		
Job Title	Supervisor				
Reason for leaving					
Troubon for fourthing					
Employer		Dates E	mmlarrad		
Employer		From	То	Work Performed	
		Tiom	10	Work I critimica	
Address					
Telephone Number(s)		Hourly R			
		Starting	Final		
Job Title	Supervisor				
Reason for leaving					
Reason for leaving					
		Б. П	, ,		
Employer		Dates Employed From To		Work Performed	
		Tiom	10	Work I crioimed	
Address					
Telephone Number(s)		Hourly R	ate/Salary		
		Starting	Final		
Job Title	Supervisor				
100 1100	Super (1801				
D C 1 '		1			
Reason for leaving					

Employer		Dates E	mployed	
		From	То	Work Performed
Address				
Address				
Telephone Number(s)			ate/Salary	
		Starting	Final	
Job Title	Supervisor			
Jos Title	Super visor			
Reason for leaving				
Comments: Include explanat	ion of any gaps in employment.		<u> </u>	
A 11'4' 1 T f 4'				
Additional Information Describe any specialized training	annuanticachin chille and autum		ativitiaa	
Describe any specialized training	g, apprenticesnip, skins, and extr	a-curricular a	cuvines.	
Dili-lii		:1:4		
Describe any job-related training	greceived in the United States m	ilitary.		
	1 00 1	1.1		
List professional, trade, business You may exclude membership which would revea			other protected status	ν.
			•	
Other Qualification. Summarize	special job-related skills and qua	alifications ac	auired from e	mployment or other experience.
			1	T. A.
Specialized Skills (Check Skill	(F. : O )			
Specialized Skills (Check Skill	s/Equipment Operated)			
PC	Microsoft Word		Producti	on/Mobile Other (lists):
Calculator	Microsoft Excel			ery (list):
Ten-Key	Microsoft Office			
Typing	Multi-line Phone	System		<del></del>
WPM	Fax			
Ctate any of division 1' C	ron fool may k - h -1-f-1	idanin	ulianti	
State any additional information y	you feel may be helpful to us in cons	idering your app	piication.	

Note to	o Applicants: DO NOT ANSWER THIS QUESITON UNLESS YOU HAVE BEEN INFO	ORMED ABOUT	THE RQUIREMENTS OF
	THE JOB FOR WHICH YOU ARE APPLYING.  ou perform the essential functions of the job, for which you are applying, either with or without amodation?	out a reasonable	□ Yes □ No
Refere			
1		( )	
1	(Name)	()	Phone #
	(Address)		(Title)
2	(Name)	()	Phone #
	(Address)		(Title)
3	(Name)	_ ()	Phone #
	(Address)		(Title)
Appli	cant's Statement & Acknowledgement		
This appli appli I her relatitime In the interval	horize investigation of all statements contained in this application for ing at an employment decision.  application for employment shall be considered active for a period of cant wishing to be considered for employment beyond this time period cations are being accepted at that time.  reby understand and acknowledge that, unless otherwise defined be ionship with this organization is of an "at will" nature, which means that and the Employer may discharge Employee at any time with or without event of employment, I understand that false or misleading information wiew(s) may result in discharge. I understand, also, that I am required the employer.	of time not to d should inqu y applicable that the Emplo out cause.	exceed 6 months. Any ire as to whether or not law, any employment oyee may resign at any
unde empl will drug/ to su for fu or a	derstand and agree, if required for this position, I will authorize my refederal Department of Homeland Security Regulation, a pre-employment physical and/or criminal history check. And, in accordance visusmit to a pre-employment drug/alcohol screening as well as a alcohol screenings (random or reasonable suspension). I understand chiphysical, drug/alcohol screening, driving record check, or criminal arther consideration for employment. I also understand that if employ positive result on a drug/alcohol screening will be grounds for disciplination of my employment.	loyment driv with the Coun any (if hire I and agree th I history chec yed, refusal to	ing record check, pre- ty's adopted policies, I d) employee required at if I refuse to submit k, I will not be eligible o submit to such exams
	Signature of Applicant	Date	