

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