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?
- ☐ Advertisement   ☐ Relative   ☐ Walk-In
- ☐ Employment Agency   ☐ Friend   ☐ 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 your 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			

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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.

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

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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:

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

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Specialized Skills (Check Skills/Equipment Operated)

		Production/Mobile	Other (lists):
____ PC	____ Microsoft Word	Machinery (list):	
____ Calculator	____ Microsoft Excel		
____ Ten-Key	____ Microsoft Office	_____	_____
____ Typing	____ Multi-line Phone System	_____	_____
WPM _____	____ Fax	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESITON UNLESS YOU HAVE BEEN INFORMED ABOUT THE RQUIREMENTS 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 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