

Deuel County

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, 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"/> Relative	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Inquiry	
		<input type="checkbox"/> Friend	
		<input type="checkbox"/> Other _____	
Last Name		First Name	
		Middle Name	
Address	<i>Number</i>	<i>Street</i>	<i>City</i>
		<i>State</i>	<i>Zip Code</i>
Telephone Number (s)		Social	Security
		Number	
Best time to contact you at home is..... _____ : _____			
AM			
PM			
If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever filed an application with Deuel County before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, give date: _____			
Have you ever been employed with Deuel County before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, give date: _____			
Do any of your friends or relatives work here? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please give name of relatives. _____			
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Proof of citizenship or immigration status will be required upon employment</i>			
Date available for work ____/____/____		What is your desired salary range? _____	
Are you available to work: <input type="checkbox"/> Full Time			
<input type="checkbox"/> Part Time			
<input type="checkbox"/> Temporary/Seasonal (please indicate dates available ____/____/____ - ____/____/____)			
Are you currently on "lay-off" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> 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, disabilities or other protected status.

1. Employer	<u>DATES</u> From	<u>EMPLOYED</u> To	Work Performed
Address			
Telephone Number (s)	<u>Hourly/Rate</u> Starting	<u>/ Salary</u> Final	
Job Title	Supervisor		
Reason for Leaving:			May we contact employer? YES NO
2. Employer	<u>DATES</u> From	<u>EMPLOYED</u> To	Work Performed
Address			
Telephone Number (s)	<u>Hourly Rate</u> Starting	<u>/ Salary</u> Final	
Job Title	Supervisor		
Reason for Leaving:			
3. Employer	<u>DATES</u> From	<u>EMPLOYED</u> To	Work Performed
Address			
Telephone Number (s)	<u>Hourly Rate</u> Starting	<u>/ Salary</u> Final	
Job Title	Supervisor		
Reason for Leaving:			
4. Employer	<u>DATES</u> From	<u>EMPLOYED</u> To	Work Performed
Address			
Telephone Number (s)	<u>Hourly Rate</u> Starting	<u>/ Salary</u> Final	
Job Title	Supervisor		
Reason for Leaving:			

If you need additional space, please continue on a separate sheet of paper.

ADDITIONAL INFORMATION

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

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

REFERENCES:

1.	()			
(Name)				Phone#
(Address)	(City)	(State)		(Zip Code)
2.	()			
(Name)				Phone#
(Address)	(City)	(State)		(Zip Code)
3.	()			
(Name)				Phone#
(Address)	(City)	(State)		(Zip Code)

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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 45 days. 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. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct 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

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FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview YES NO

Remarks: _____

Interviewer _____ Date _____

Employed: YES NO Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

BY: _____
Name & Title _____ Date _____