

Today's Date \_\_\_\_\_  
 Position for which you are applying \_\_\_\_\_

**Employment Application**

**Personal**

Name	Last	First	Middle	Telephone
Address	Street	City	State	Zip Code

**Other Employment-Related Information**

Check the following options which you would consider:  Full Time    Part Time    Temporary

List any relative working for Washington County: Name \_\_\_\_\_ Dept. \_\_\_\_\_

If Minor, your age \_\_\_\_\_

Can you, after employment, submit a birth certificate or other proof of U. S. Citizenship?  Yes    No  
 If not a U.S. Citizen, can you, after employment, submit verification of your legal right to work permanently in the U.S.?  Yes    No

Were you previously employed by Washington County?  Yes    No   Date (s) \_\_\_\_\_

Have you ever been convicted of a felony or a misdemeanor resulting in imprisonment or a fine over \$500 during the last ten years? (Conviction will not necessarily disqualify an applicant).  Yes    No

Do you have the ability to perform the job-related functions of the position for which you are applying?  Yes    No  
 If the answer to the above question is "No", please describe what accommodations would enable you to perform the job-related functions of the position for which you are applying \_\_\_\_\_  
 \_\_\_\_\_

**Education and Training**

High School	Name and Address	Graduated	<input type="checkbox"/> Yes <input type="checkbox"/> No
College or University	Name and Address	Major	Degree/Year
Trade School	Name and Address	Subjects	Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No   Year _____
Apprentice School	Name and Address	Subjects	Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No   Year _____

**EEO/ADA STATEMENT:**

This county does not discriminate on the basis of religion, sex, age, national origin, political affiliation, mental or physical disability in its hiring or employment practices.

List any other education, training, special skills, or certificates/licenses that you possess related to this job: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any machines or equipment that you are qualified and experienced to operate: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**References**

List business persons known, but not related to you, for at least three years:

Name	Title	Business	Phone	Years Known
1.				
2.				
3.				

**Experience**

List the last ten years' work experience, beginning with most recent:

<b>Name of Employer</b>			Type of Business		
Address	City	State	Zip	Phone	
Dates Employed From _____ To _____		Starting Title		Last Title	
Name and Title of Supervisor	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Reason for Leaving
Brief Description of Duties:					

<b>Name of Employer</b>			Type of Business		
Address	City	State	Zip	Phone	
Dates Employed From _____ To _____		Starting Title		Last Title	
Name and Title of Supervisor	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Reason for Leaving
Brief Description of Duties:					

<b>Name of Employer</b>			Type of Business		
Address	City	State	Zip	Phone	
Dates Employed From _____ To _____		Starting Title		Last Title	
Name and Title of Supervisor	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Reason for Leaving
Brief Description of Duties:					

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### Drivers

Do you have a valid driver's license in this state?  Yes  No

If yes, license number # \_\_\_\_\_

List license type \_\_\_\_\_

List any moving violation during the last five years on back of page.

### Position For Which You Are Applying

- Laborer
- Truck Drive
- Mechanic
- Equipment Operator
- Courthouse Deputy
- Janitorial
- Other (Be Specific) \_\_\_\_\_

### Applicant's Certification

**Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.**

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false information contained in this application may result in my discharge.

I authorize you to communicate with all of my former employers, school officials and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand that as this county deems necessary, I may be required to work overtime hours or hours outside a normally defined workday or work week. If employed, I understand and agree that such employment may be terminated at any time for any reason not prohibited by law and without any liability to me or any continuation of salary, wages, or employment-related benefits (not required by law).

Date \_\_\_\_\_ Signature \_\_\_\_\_

**The filling out and returning of this application to the county does not guarantee employment and does not constitute an offer of employment.**

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