

County of Cole

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:		Date of Application:
How Did You Lear About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____
Last Name	First Name	Middle Name
Address	Street	City
		State
		Zip Code
Telephone Number(s)		Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No
 Yes No

Have you ever filed an application with us before?

If Yes, give date

Yes No

Have you ever been employed with us before?

If Yes, give date

Yes No

Are you currently employed?

Yes No

May we contact you present employer?

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.

On what date will you be available for work?

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

Have you been convicted of a felony within the last 7 years?

Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain:

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

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

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
Address		From:	To:	
Telephone Number				
Job Title	Supervisor	Hourly Rate/Salary		
Reason for Leaving		Starting:	Final:	
Employer		Dates Employed		Work Performed
Address		From:	To:	
Telephone Number				
Job Title	Supervisor	Hourly Rate/Salary		
Reason for Leaving		Starting:	Final:	
Employer		Dates Employed		Work Performed
Address		From:	To:	
Telephone Number				
Job Title	Supervisor	Hourly Rate/Salary		
Reason for Leaving		Starting:	Final:	
Employer		Dates Employed		Work Performed
Address		From:	To:	
Telephone Number				
Job Title	Supervisor	Hourly Rate/Salary		
Reason for Leaving		Starting:	Final:	
Employer		Dates Employed		Work Performed
Address		From:	To:	
Telephone Number				
Job Title	Supervisor	Hourly Rate/Salary		
Reason for Leaving		Starting:	Final:	

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

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:

Additional Information

Other Qualifications

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

Specialized Skills

Check Skills/Equipment Operated

___ CRT	___ Fax	Production/Mobile Machinery (list):	Other (list):
___ PC	___ Lotus 1-2-3	_____	_____
___ Calculator	___ PBX System	_____	_____
___ Typewriter	___ Wordperfect	_____	_____
		_____	_____

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.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A Description of the activities involved in such a job or occupation is Attached.

___ Yes ___ No

References

1. _____
(Name) (Phone Number)

(Address)
2. _____
(Name) (Phone Number)

(Address)
3. _____
(Name) (Phone Number)

(Address)

Applicants Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I voluntarily give the County of Cole the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies, or corporations supplying such information.

I further understand that any false answers or statements made by me on this application or any supplement thereto, or in connection with the above-mentioned investigation, will be sufficient grounds for immediate dismissal, regardless of length of employment. I understand, also, that I am required to abide by all rules and regulation of the Employer.

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 any conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ___ Yes ___ No

Remarks _____

Employed ___ Yes ___ No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____ Date _____