

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 Hear 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

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 _____

Are you currently employed?

Yes No

May we contact your 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
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 experiences.

Specialized Skills

Check Skills/Equipment Operated

Adding Machine Fax PC Microsoft Office
 Calculator AS400 System Multi Line Phone Tape Measure
 Imaging System

Other:

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?

YES _____ NO _____

References

Please list 3 personal references below: name, address and phone number

1. _____

2. _____

3. _____

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