

OCHILTREE COUNTY EMPLOYMENT APPLICATION

ALL QUESTIONS MUST BE ANSWERED USE A PEN AND PLEASE PRINT

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Position applying for:	Salary desired	Date available
Are you employed now? Yes No	If so, may we co	ontact you present employer? Yes
Have you ever applied with Ochiltree County before? Yes No	Department?	When?

PERSONAL INFORMATION

Last Name	First Name	MI			
Address Ci	ty State	Zip Code			
Driver's License Number	State	Expiration Date			
Social Security Number	Home Telephone Number	Referred By			
Are you over 18 years of age? Yes No	If not, employment is subject to verification of age.				

EDUCATION

High School Attended & Location	No. Years Completed		Did you G Achieve G	raduate? Yes No ED? Yes No
College Attended & Location	No years Completed	Ma	jor	Degree/Certificate
College Attended & Location	No Years Completed	Ma	jor	Degree/Certificate
Trade, Business or Correspondence School Attended & Location	No Years Completed		Degree/Co	ertificate

REFERENCES (Former Employers or Relatives cannot be used)

Name	Address	Phone	

EMPLOYMENT HISTORY

(Provide employer information and any other work you feel is relevant to the position you have applied for. Attach additional sheets if necessary) ALL QUESTIONS MUST ANSWERED

1 Present or last Employer		Phone No.
Address	Date Started	Date Left
Immediate Supervisor	Their Title	Your Title
Annual Salary At start \$	Annual Salary on leaving \$	Reason for Leaving
Your Duties		
2 Previous Employer		Phone No. ()
Address	Date Started	Date Left
Immediate Supervisor	Their Title	Your Title
Annual Salary At start \$	Annual Salary on leaving \$	Reason for Leaving
Your Duties	•	

3 Previous Employer		Phone No.
	D . C	D-to-Loft
Address	Date Started	Date Left
Immediate Supervisor	Their Title	Your Title
Annual Calany	Annual Salary	Reason for Leaving
Annual Salary At start	on leaving	Reason for Leaving
\$	\$	
Your Duties	Ψ	
Tour Duics		
4 Previous Employer		Phone No.
		()
Address	Date Started	Date Left
Immediate Supervisor	Their Title	Your Title
Annual Salary	Annual Salary	Reason for Leaving
At start	on leaving	
\$	\$	
Your Duties		
5 Previous Employer		Phone No.
		()
Address	Date Started	Date Left
Immediate Supervisor	Their Title	Your Title
Annual Salary	Annual Salary	Reason for Leaving
At start	on leaving	
\$	\$	
Your Duties		

PRE-EMPLOYMENT STATEMENT

CDECTAL CUTLIC/ QUALTETCATIONS

I Authorize Ochiltree County to make any inquiries they desire regarding my education, employment, ability, habits, and personal character for the purpose of determining my fitness for employment. I also authorize previous employers, or any other persons to whom the county may refer, to give any and all information regarding my employment or scholastic record together with any information, personal or otherwise, and I hereby release such persons and companies which they represent from all liability or any damages what so ever in connection with their compliances. I understand that misrepresentation or omission of any information called for in this application which would affect my application unfavorably, or receipt of unsatisfactory references may result in termination of my employment without liability to me for salary except as may have been earned at the time of termination. If employed I understand that my employment with the County will be "at will", meaning that either the County or myself may terminate the employment relationship at any time, for any reason at all with or without notice of any kind.

APPLICANT'S SIGNATURE

DATE

EQUAL OPPORTUNITY EMPLOYER – Ochiltree County does not discriminate on the basis of race, color, religion, sex, national origin, age or disability in employment or provision of services.