

**OCHILTREE COUNTY
EMPLOYMENT APPLICATION**



ALL QUESTIONS MUST BE ANSWERED.
USE A PEN AND PLEASE PRINT

EMPLOYMENT DESIRED

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

PERSONAL INFORMATION

Last Name	First Name	MI
Address	City	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 Graduate? Yes No Achieve GED? Yes No	
College Attended & Location	No years Completed	Major	Degree/Certificate
College Attended & Location	No Years Completed	Major	Degree/Certificate
Trade, Business or Correspondence School Attended & Location	No Years Completed	Degree/Certificate	

REFERENCES (Former Employers or Relatives can not 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. ()
Address	Date Started	Date Left
Immediate Supervisor	Their Title	Your Title
Annual Salary At start \$	Annual Salary on leaving \$	Reason for Leaving
Your Duties		
4 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		
5 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		

SPECIAL SKILLS/ QUALIFICATIONS

List all special skills you possess and/or machines or office equipment you can use, such as calculators, computer equipment, types of software/hardware, road construction equipment, etc.

Other courses work applicable to this type of work:

PRE-EMPLOYMENT STATEMENT

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.

ACKNOWLEDGMENTS/AUTHORIZATIONS

1. To the best of my knowledge, the facts set forth in my application for employment are true and complete, I understand that if considered for employment, and false statement may result in my failure to receive an offer or if I am hired, my termination of employment.
2. I agree that if I accept employment with the Ochiltree County, I will produce documents establishing my identity and work authorization as a condition of employment.
3. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me.
4. Based upon the position, for which I am applying, I understand it may be necessary to investigate my financial and credit record through a credit reporting agency. Therefore, I authorize Ochiltree County to investigate my financial and credit record through any credit agency or bureau of its choice. I understand that Ochiltree County, upon my written request, will disclose to me the nature and scope of any credit investigation. If this application is denied either wholly or partly because of information contained in a consumer report from a consumer reporting agency, I understand that Ochiltree County shall so advise me and provide me with the name and address of the consumer agency making the report.
5. Based upon the position, for which I am applying, I understand it may be necessary to investigate my driving record through the Bureau of Motor Vehicles. Therefore, I authorize Ochiltree County to submit a request for a driver's abstract report. I understand that Ochiltree County shall so advise me and provide me with a copy of the report.
6. I also understand that any offer of employment, which may be made to me by Ochiltree County, is contingent upon my successfully passing a Drug Screening Test. I hereby give my consent to Ochiltree County to conduct a drug test that will be performed by a laboratory selected by Ochiltree County. I understand and agree that if the pre-employment Drug Screening Test indicates a violation of the Drug Testing Policy, any contingent job offer, which may be made to me, will be null and void.
7. I authorize any law enforcement agency, previous employers or educational institutions specified by me in this application, to release to Ochiltree County any and all information, personal or otherwise that may or may not be on their records. I hereby release said law enforcement agencies, employers, and educational institutions from liability for any damage or injury to me arising out of the release of such information.

Signature of Applicant _____ Date _____