APPLICATION FOR EMPLOYMENT

CUSTER COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

LIST NAMES OF EMPLOYERS IN CONSECUTIVE ORDER WITH PRESENT OR LAST EMPLOYER LISTED FIRST. ACCOUNT FOR ALL PERIODS OF TIME INCLUDING MILITARY SERVICE AND ANY PERIODS OF UNEMPLOYMENT. IF SELF-EMPLOYED, GIVE FIRM NAME AND SUPPLY BUSINESS REFERENCES. NOTE: A JOB OFFER MAY BE CONTINGENT UPON ACCEPTABLE REFERENCES FROM CURRENT AND FORMER EMPLOYERS.

GENERAL

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for:_____ Today's Date:_____

Are you seeking: Full-Time ☐ Part-Time ☐ Temporary ☐ employment? When could you start? _____

Last Name First Name Middle Name Telephone #

Current Address City State Zip Code

Are you 18 years of age or older?.....Yes ☐ No ☐
(If you are hired, you may be required to submit proof of age.)

If hired, can you furnish proof that you are eligible to work in the U.S.?..... Yes ☐ No ☐

Have you ever applied here before? Yes ☐ No ☐ If yes, when?_____

Were you ever employed here? Yes ☐ No ☐ If yes, when?_____

If employed, do you expect to be engaged in any additional business or employment outside of our job?.....Yes ☐ No ☐

If yes, give details _____

Do you have a valid Driver's License?.....Yes ☐ No ☐

Driver's License Number_____ Class of License_____State Licensed in_____

Have you had your Driver's License supended or revoked in the past 3 years.....Yes ☐ No ☐

If yes, give details:_____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, genetic information or other protected status.) _____

EDUCATION

List Names and Address of Schools

High School or GED:_____

College or University:_____

Vocational or Technical:_____

What skills or additional training do you have that relate to the job for which you are aplying? _____

What machines or equipmant can you operate that relate to the job for which you are applying?_____

WORK HISTORY

Name of Employer		Job Title and Duties
Address		Dates of Employment (MO/YR): From To
City, State, Zip Code		
Supervisor(s)	Telephone	Reason for Leaving:
Name of Employer		Job Title and Duties
Address		Dates of Employment (MO/YR): From To
City, State, Zip Code		
Supervisor(s)	Telephone	Reason for Leaving:
Name of Employer		Job Title and Duties
Address		Dates of Employment (MO/YR): From To
City, State, Zip Code		
Supervisor(s)	Telephone	Reason for Leaving:
Name of Employer		Job Title and Duties
Address		Dates of Employment (MO/YR): From To
City, State, Zip Code		
Supervisor(s)	Telephone	Reason for Leaving:

Have you attended School under any other names?.. Yes ☐ No ☐

If yes, give names: ______________________________

Are you presently employed?.. Yes ☐ No ☐

If yes, whom do you suggest we contact? ______________________________

Have you ever been fired from a job or asked to resign?... Yes ☐ No ☐

If yes, please explain: ______________________________

Give three references, not relatives or former employers.

Name	Address	Phone

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post-employment drug screen as a condition of employment, if required. I under-stand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY . IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.
I have read. understand. and by my signature consent to these statements.

Signature: ______________________________ Date: ______________