

# APPLICATION FOR EMPLOYMENT

**CUSTER COUNTY is an Equal Opportunity Employer**

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 work? \_\_\_\_\_

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Telephone Number

\_\_\_\_\_  
Present Street 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 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? \_\_\_\_\_

Have you ever been convicted of any law violation?  
Include any plea of "guilty" or "no contest." (Exclude minor traffic violations.) ..... Yes  No

If yes, give details \_\_\_\_\_  
(A conviction will not necessarily disqualify an applicant for employment.)

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 suspended or revoked in the last 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 NAME AND ADDRESS OF SCHOOLS  | Number of Years Completed | Diploma/ Degree/ Certificate | Subjects Studied |
|---|---------------------------|------------------------------|------------------|
| 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 applying? _____ |                           |                              |                  |
| _____   |                           |                              |                  |
| What machines or equipment can you operate that relate to the job for which you are applying? _____     |                           |                              |                  |
| _____   |                           |                              |                  |

WORK HISTORY

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.**

|                       |           |                                      |
|-----------------------|-----------|--------------------------------------|
| NAME OF EMPLOYER      |           | JOB TITLE AND DUTIES                 |
| ADDRESS               |           | DATES OF EMPLOYMENT (MO/YR): FROM TO |
| CITY, STATE, ZIP CODE |           | PAY: START \$ FINAL \$               |
| 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 |           | PAY: START \$ FINAL \$               |
| SUPERVISOR(S)         | TELEPHONE | Reason For Leaving                   |
| NAME OF EMPLOYER      |           | JOB TITLE AND DUTIES                 |
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| ADDRESS               |           | DATES OF EMPLOYMENT (MO/YR): FROM TO |
| CITY, STATE, ZIP CODE |           | PAY: START \$ FINAL \$               |
| SUPERVISOR(S)         | TELEPHONE | Reason For Leaving                   |

REFERENCES

Have you worked or 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 understand 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: \_\_\_\_\_

This application for employment will remain active for a limited time. Ask the organization's representative for details.

Custer County conducts a thorough background check on applicants for certain positions including, but not limited to, financial staff, janitorial staff, positions that interact with vulnerable populations and positions where employees are required to operate vehicles and/or equipment. The background check may include, but is not limited to, social security verification, criminal records and motor vehicle reports.

## AUTHORIZATION TO RELEASE INFORMATION

|   |  |                           |
|---|--|---------------------------|
| Last Name _____ First Name _____  |  | Middle Name _____         |
| Current Address _____   |  | Dates Lived Here _____    |
| Addresses for the Past Seven Years: (include street, city, state, zip code) |  | Dates of Residence: _____ |
| _____   |  | _____                     |
| _____   |  | _____                     |
| Date of Birth _____   | Other Names Used (including maiden name) _____ | Years Used _____          |
| Social Security Number _____  | Driver's License # _____                       | State _____               |
| Email address (may be used for official correspondence) _____               |  |                           |

I, do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of Custer County to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by Custer County for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by Custer County to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

\*\*I hereby do \_\_\_\_\_do not \_\_\_\_\_ authorize you to contact my *current* employer for Employment and Reference Verifications (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

|                    |                           |            |
|--------------------|---------------------------|------------|
| Printed Name _____ | Applicant Signature _____ | Date _____ |
|--------------------|---------------------------|------------|