

# APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

**Applicants who have received a conditional offer of employment will be required to submit to drug and/or alcohol testing. Because this is a safety sensitive position, a positive test or refusal to undergo testing shall result in a refusal to hire.**

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

## NAME & ADDRESS

Name (First, MI, Last)	
Mailing Address	Physical Address (if different than mailing address)
City, State, & Zip Code	
Telephone	Alternate Phone
If under 18, please list age	E-Mail

## JOB TYPE

Days/Hours Available to work

<input type="checkbox"/> I have no preference.	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Weds.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
I am seeking: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-or Part-Time							
How many hours can you work weekly?				Date available to begin:			

## ADDITIONAL INFORMATION

List any relatives working for Pawnee County:			
Have you ever been employed by Pawnee County in the past?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
I certify that I am a U.S. citizen, permanent resident, or foreign national with authorization to work in the United States.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a crime?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please explain:			
Do you have a valid driver license?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/> Class D	<input type="checkbox"/> CDL - A	<input type="checkbox"/> CDL - B	<input type="checkbox"/> CDL - C
		<input type="checkbox"/> OTHER	
Have you had any accidents during the past three years?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you had any moving violations during the past three years?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>A MVR (Motor Vehicle Record) will be required, at applicant's expense, upon request.</b>			
<b>Employment Contingent upon alcohol &amp; drug test results from previous employer.</b>			

## MILITARY SERVICE

Have you ever been in the Armed Forces?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you now a member of the National Guard?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Specialty:		

EEO/ADA Statement: This county does not discriminate on the basis of religion, sex, age, national origin, political affiliation, mental or physical disability in its hiring or employment practices.

## EDUCATION

High School	Location City & State	Years Completed	Diploma or GED	Year Graduated
College/Business/Trade School	Location City & State	Years Completed	Major	Degree or Certification

## WORK EXPERIENCE

*Please list your work experience for the **past five years** beginning with your most recent job held.  
If you were self employed, give firm name.  
Attach additional sheets if necessary.*

Company	Name of last supervisor	Hrs/Week
Address	Start Date	Starting Salary
City, State, & Zip Code	End Date	Final Salary
Phone Number	Your last job title	
Reason for leaving (be specific)		
List the jobs held, duties performed, skills used or learned, advancements, or promotions while at this company.		

May we contact this employer?      YES ☐      NO ☐

Company	Name of last supervisor	Hrs/Week
Address	Start Date	Starting Salary
City, State, & Zip Code	End Date	Final Salary
Phone Number	Your last job title	
Reason for leaving (be specific)		

List the jobs held, duties performed, skills used or learned, advancements, or promotions while at this company.

May we contact this employer?      YES ☐      NO ☐


**WORK EXPERIENCE (continued)**

Company	Name of last supervisor	Hrs/Week
Address	Start Date	Starting Salary
City, State, & Zip Code	End Date	Final Salary
Phone Number	Your last job title	

Reason for leaving (be specific)

List the jobs held, duties performed, skills used or learned, advancements, or promotions while at this company.

May we contact this employer? YES ☐ NO ☐

Please list three references other than relatives or previous employers.

Name
Position
Company
Address
Telephone

Name
Position
Company
Address
Telephone

Name
Position
Company
Address
Telephone

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Please read carefully before signing. If you have questions regarding the following statements, please ask for assistance.

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false information contained in this application may result in my discharge.

I authorize you to communicate with all my former employers, school officials, and persons named as references. I hereby release all employers, schools, and individuals from liability or damages resulting from giving such information.

I understand that, as this County deems necessary, I may be required to work overtime or outside a normally defined work day or week. If employed, I understand and agree that such employment may be terminated at any time for any reason not prohibited by law and without any liability to me for any continuation of salary, wages, or employment related benefits (not required by law).

Signature

Date

The filing and returning of this application to the County does not guarantee employment and does not constitute an offer of employment.