



**NO RESUME WILL BE ACCEPTED UNLESS ACCOMPANIED BY A FULLY COMPLETED APPLICATION**

Please provide a complete record of your employment history including part-time work, military services and volunteer experience. List all experience in order, **starting with your present or most recent position and working back**. Describe your duties and responsibilities in each position thoroughly so that your experience may be fairly evaluated. Account for all periods of unemployment. **Additional experience forms are available, if needed.**

**WORK HISTORY**

Dates of employment _____ to _____ Mo/Yr      Mo/Yr <input type="checkbox"/> full-time <input type="checkbox"/> part-time If part-time hours per week _____  Description of duties  _____  Machines and equipment used	Name of employing firm/Telephone Number _____  Mailing address (including zip code) _____  Job Title _____	Name and title of immediate supervisor _____ Reason for leaving _____ Salary Starting _____ Finish _____  <input type="checkbox"/> annually <input type="checkbox"/> monthly <input type="checkbox"/> semi-monthly <input type="checkbox"/> biweekly <input type="checkbox"/> weekly <input type="checkbox"/> hourly  Your name when employed if different from present _____  Number and titles of people you supervised _____
Dates of employment _____ to _____ Mo/Yr      Mo/Yr <input type="checkbox"/> full-time <input type="checkbox"/> part-time If part-time hours per week _____  Description of duties  _____  Machines and equipment used	Name of employing firm/Telephone Number _____  Mailing address (including zip code) _____  Job Title _____	Name and title of immediate supervisor _____ Reason for leaving _____ Salary Starting _____ Finish _____  <input type="checkbox"/> annually <input type="checkbox"/> monthly <input type="checkbox"/> semi-monthly <input type="checkbox"/> biweekly <input type="checkbox"/> weekly <input type="checkbox"/> hourly  Your name when employed if different from present _____  Number and titles of people you supervised _____
Dates of employment _____ to _____ Mo/Yr      Mo/Yr <input type="checkbox"/> full-time <input type="checkbox"/> part-time If part-time hours per week _____  Description of duties  _____  Machines and equipment used	Name of employing firm/Telephone Number _____  Mailing address (including zip code) _____  Job Title _____	Name and title of immediate supervisor _____ Reason for leaving _____ Salary Starting _____ Finish _____  <input type="checkbox"/> annually <input type="checkbox"/> monthly <input type="checkbox"/> semi-monthly <input type="checkbox"/> biweekly <input type="checkbox"/> weekly <input type="checkbox"/> hourly  Your name when employed if different from present _____  Number and titles of people you supervised _____

Use this space for any special qualifications and skills (i.e., skills with construction or office equipment, publications, etc.) or additional information that you feel will help us to evaluate your application \_\_\_\_\_

Current number of words per minute:    Typing \_\_\_\_\_    May we contact your former employers?     Yes     No    Present employers?     Yes     No    If no, why? \_\_\_\_\_

**REFERENCES**

Please list two persons, other than relatives or former employers, who know your qualifications or who know your character.

Name & Phone #: _____	Name & Phone #: _____
Address: _____	Address: _____
City, State, Zip Code: _____	City, State, Zip Code: _____

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

I hereby affirm that all statements made herein are true and correct. I authorize the County to conduct whatever investigation(s) it deems necessary to confirm the statements submitted on this application. If investigation(s) determines any untrue statement(s) was made, I accept this as sufficient grounds for refusal to hire, or dismissal.

I also authorize and request each former employer and person, firm or corporation given as reference to answer any and all questions that may be asked and to give any and all information that may be sought in connection with this application concerning my work habits, character and skill.

I agree to submit myself, upon request, for physical examination by a physician selected by the County and understand that failure to meet the physical requirements may disqualify me for employment. I understand I must submit myself for drug testing prior to my being employed by the County. Failure of the test will disqualify me for the position offered.

The use of this application form does not indicate that there are any positions available, and in no way obligates the County.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date