

# Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the County Administration office.

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Best time to call you at home: \_\_\_\_\_ a.m. or p.m. Best time to call you at work: \_\_\_\_\_ a.m. or p.m.

If you are under 18, can you furnish a work permit?  Yes or  No

If no, please explain: \_\_\_\_\_

Have you submitted an application here before?  Yes or  No

If yes, give date(s) and position(s) applied for: \_\_\_\_\_

Have you ever been employed here before?  Yes or  No

If yes, give dates and position: \_\_\_\_\_

Are you legally eligible for employment in this country?  Yes or  No

Date available for work: \_\_\_\_\_ Desired salary range: \_\_\_\_\_

Type of employment desired:  Full Time  Part Time  Temporary  Seasonal  Educational Co-Op

Are you willing to relocate?  Yes or  No

Are you willing to travel?  Yes or  No

Are you able to meet the attendance requirements of the position?  Yes or  No

Are you able to work overtime or alternative work schedules?  Yes or  No

If no, please explain: \_\_\_\_\_

Are you bondable?  Yes or  No; If no, please explain: \_\_\_\_\_

Have you ever been convicted of a felony or moving traffic violations?  Yes or  No

If yes, please explain and give details including dates \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

## Employment History

Starting with your most recent employer, provide the following information.

Employer: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

Position(s) Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Salary: \_\_\_\_\_ per \_\_\_\_\_

May we contact this employer? Yes or No; If no, please explain: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

Position(s) Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Salary: \_\_\_\_\_ per \_\_\_\_\_

May we contact this employer? Yes or No; If no, please explain: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

Position(s) Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Salary: \_\_\_\_\_ per \_\_\_\_\_

May we contact this employer? Yes or No; If no, please explain: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

Position(s) Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Salary: \_\_\_\_\_ per \_\_\_\_\_

May we contact this employer? Yes or No; If no, please explain: \_\_\_\_\_

## Skills and Qualifications

Word  Excel  Power Point  Internet  Outlook  Accounting Software  Other \_\_\_\_\_

Summarize any special training, skills, licenses and/or certifications that may qualify you as being able to perform job-related functions in the position for which you are applying.

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## Educational Background

Starting with your most recent school attended, provide the following information.

| School (Include City & State) | Years Completed | Degree/Diploma/Certificate | Major |
|-------------------------------|-----------------|----------------------------|-------|
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|                               |                 |                            |       |
|                               |                 |                            |       |
|                               |                 |                            |       |

## References

List name and telephone number of three business/work related references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

| Name | Title | Relationship | Telephone | Years Known |
|------|-------|--------------|-----------|-------------|
|      |       |              |           |             |
|      |       |              |           |             |
|      |       |              |           |             |
|      |       |              |           |             |



## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**CERTIFICATION:** I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the County of Mathews. I understand that all information on this application is subject to verification and I consent to criminal history background checks as well as DMV checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the County to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I hereby certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AN EQUAL OPPORTUNITY EMPLOYER