

BROOKS COUNTY APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, or other protected classification.

Name _____ Date _____

Address _____
Street
City
State
Zip

Telephone number _____ Are you over 18 years old? Yes No

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

How did you learn of this opening? _____

Have you worked here before? Yes No

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? Yes No

Can you perform these essential functions with or without reasonable accommodations? Yes No

Are there any hours, shifts or days you cannot or will not work? _____

Shift preferred _____ Part-Time _____ Full-Time _____

Are you willing to work overtime as required? Yes No

Have you ever been convicted of a felony? Yes No (Conviction will not necessarily disqualify an applicant for employment.) If yes, describe conditions:

EDUCATION	NAME & LOCATION OF SCHOOL	YEAR GRADUATED	MAJOR	DIPLOMA/DEGREE
High School				
College/University				
College/University				
Other Training/Education				

In addition to your work history (reverse side), what other expectations, skills or qualifications would especially fit you for work with our county?

POSITIONS APPLIED FOR 1. _____ 2. _____

3. _____ Wage or salary desired? \$ _____ When can you start? _____

WORK HISTORY

May we contact your present employer? Yes No

Most Recent Employer	Address	Telephone
Date Started Starting Salary \$ Per	Starting Position	
Date Left Salary on Leaving \$ Per	Position on Leaving	
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	
Most Recent Employer	Address	Telephone
Date Started Starting Salary \$ Per	Starting Position	
Date Left Salary on Leaving \$ Per	Position on Leaving	
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	
Most Recent Employer	Address	Telephone
Date Started Starting Salary \$ Per	Starting Position	
Date Left Salary on Leaving \$ Per	Position on Leaving	
Name and Title of Supervisor		
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Date Started Starting Salary \$ Per	Starting Position	
Date Left Salary on Leaving \$ Per	Position on Leaving	
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	

APPLICATIONS CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize Brooks County to make an investigation of any of the facts set forth in this application.

I understand that employment in this County is "at will," which means that I or the County can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on the basis. I understand that no supervisor, manager, or elected official of the County has any authority to alter the foregoing.

Date _____ Applicant's Signature _____