

# 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 |                          |                     |           |
| 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  |           |

**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 \_\_\_\_\_