COUNTY OF AUDRAIN
Employment Application

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, nation origin, disability status protected veteran status, or any other characteristic protected by law.

Any individual requiring reasonable accommodations to any phase of the application process and/or interview process show notify a representative of the Human Resources Department.

<div align="center">

Applicant Information

</div>

Full Name: _____ Date: _____
Last   *First*   *M.I.*

Address: _____
Street Address   *Apartment/Unit #*

_____
City   *State* *ZIP Code*

Phone: _____ Email: _____

Position Applied for: _____

Full Time ☐ Part Time ☐ Temporary ☐ Dates Available: _____

Date Available for work? _____ What is your desired salary:$ _____

Can you perform the essential functions of the position for which you are applying?

                         YES NO
                         ☐ ☐

If no, explain. (If you have any questions as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question. _____

How did you learn about us? _____

	YES	NO	
Are you eligible to work in the U.S.	☐	☐	
Are you 18 years of age?	☐	☐	
Have you ever filed an application with us before?	☐	☐	If yes, give date: _____
Have you ever been employed by us before?	☐	☐	If yes, when? _____
Do you have any relatives working here?	☐	☐	If yes, who? _____
Have you ever been convicted of a crime?	☐	☐	If yes, please explain: _____
Are you currently on "lay-off" status and subject to recall?	☐	☐	
Can you travel if job requires it?	☐	☐	

Education

	Name and Address of School	Number of Years Completed	Subjects Studied/Major	Degree Received
High School				
Vocational or Trade School				
College				
Graduate				

Previous Employment

Must complete, even if attaching a resume. List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here. If additional room is needed, please continue on a separate sheet of paper.

Employer Name		Start Date	
Supervisor Name		End Date	
Street Address		Phone	
City/State/Zip Code		Position Held	
Reason for leaving?		May we contact?	☐ Yes ☐ No
Employer Name		Start Date	
Supervisor Name		End Date	
Street Address		Phone	
City/State/Zip Code		Position Held	
Reason for leaving?		May we contact?	☐ Yes ☐ No
Employer Name		Start Date	
Supervisor Name		End Date	
Street Address		Phone	
City/State/Zip Code		Position Held	
Reason for leaving?		May we contact?	☐ Yes ☐ No
Employer Name		Start Date	
Supervisor Name		End Date	
Street Address		Phone	
City/State/Zip Code		Position Held	
Reason for leaving?		May we contact?	☐ Yes ☐ No

Skills and Qualifications

Other qualifications such as special skills, abilities or honors that should be considered:

Types of computers, software, and other equipment you are qualified to operate or repair:

Professional licenses, certifications or registrations:

Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employers attention:

References

Please list three professional references.

Full Name: _____   Relationship:_____

Company: _____   Phone:_____

Address: _____

Full Name: _____   Relationship:_____

Company: _____   Phone:_____

Address: _____

Full Name: _____   Relationship:_____

Company: _____   Phone:_____

Address: _____

Disclaimer and Signature

I acknowledge the information I have supplied herein is true and complete. I authorize the Company to investigate all statements made on my application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge, unless otherwise defined by applicable law, any employment relationship with this Company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge at any time with or without cause.

I understand that any falsifications, misrepresentations or omissions of fact may be grounds for rejection of my application or discharge at any time during my employment.

I understand that nothing in this application is intended to imply or create a contact of employment.

Signature: _____   Date:_____