

APPLICATION FOR EMPLOYMENT

PLATTE COUNTY

AN EQUAL OPPORTUNITY EMPLOYER

TODAY'S DATE: _____

NAME (LAST, FIRST, MIDDLE): _____

MAILING

ADDRESS: _____

PHONE NUMBER: (_____) _____ REFERRED BY: _____

STATE NAME & RELATIONSHIP OF ANY RELATIVES EMPLOYED BY PLATTE
COUNTY: _____

POSITION(S) APPLYING FOR: _____ DATE YOU CAN START: _____

SALARY DESIRED: _____ ARE YOU CURRENTLY EMPLOYED: _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES / NO HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?
YES / NO IF YES, DATE & POSITION APPLIED FOR: _____

EDUCATION:

HIGH SCHOOL: GRADUATED: YES / NO

NAME & LOCATION: _____

COLLEGE / UNIVERSITY:

NAME & LOCATION: _____

MAJOR SUBJECTS / DEGREES: _____

OTHER (SPECIFY):

NAME & LOCATION: _____

MAJOR SUBJECTS: _____

SPECIAL SKILLS & QUALIFICATIONS:

HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? YES/NO
IF YES, PLEASE EXPLAIN:

HAVE YOU BEEN DISMISSED OR ASKED TO RESIGN FROM ANY POSITION? YES/NO IF YES, PLEASE EXPLAIN:

FORMER EMPLOYERS: LIST THE LAST FOUR EMPLOYERS, STARTING WITH PRESENT OR MOST RECENT:

***NAME, ADDRESS & PHONE NUMBER OF EMPLOYER** _____ DATE (MONTH/YEAR)
FROM: _____
TO: _____
POSITION _____ SALARY
\$ _____ PER: _____
REASON FOR LEAVING:

***NAME, ADDRESS & PHONE NUMBER OF EMPLOYER** _____ DATE (MONTH/YEAR)
FROM: _____
TO: _____
POSITION _____ SALARY
\$ _____ PER: _____
REASON FOR LEAVING:

***NAME, ADDRESS & PHONE NUMBER OF EMPLOYER** _____ DATE (MONTH/YEAR)
FROM: _____
TO: _____
POSITION _____ SALARY
\$ _____ PER: _____
REASON FOR LEAVING:

PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT:

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHO CAN OBJECTIVELY ASSESS YOUR PROFESSIONAL OR SCHOLASTIC PERFORMANCE. (PLEASE LIST NAME, PHONE NUMBER, BUSINESS, AND YEARS ACQUAINTED)

1. _____

2. _____

3. _____

IN CASE OF EMERGENCY, PLEASE LIST THE NAME AND CONTACT NUMBER FOR US TO NOTIFY:

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING.

I CERTIFY THAT ALL INFORMATION PROVIDED IN THIS EMPLOYMENT APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT ANY FALSE INFORMATION OR OMISSION MAY DISQUALIFY ME FROM FURTHER CONSIDERATION AND MAY RESULT IN MY DISMISSAL IF DISCOVERED AT A LATER DATE.

I AUTHORIZE THE INVESTIGATION OF ANY OR ALL STATEMENTS CONTAINED IN THIS APPLICATION AND ALSO AUTHORIZE ANY PERSON, SCHOOL, CURRENT EMPLOYER (EXCEPT AS PREVIOUSLY NOTED), PAST EMPLOYERS AND ORGANIZATIONS NAMED IN THIS APPLICATION TO PROVIDE RELEVANT INFORMATION AND OPINIONS THAT MAY BE USEFUL IN MAKING A HIRING DECISION.

I UNDERSTAND THAT IF I AM EXTENDED AN OFFER OF EMPLOYMENT IT MAY BE CONDITIONED UPON MY SUCCESSFULLY PASSING A COMPLETE PRE-EMPLOYMENT PHYSICAL EXAMINATION AND DRUG SCREEN. I CONSENT TO THE RELEASE OF ANY OR ALL MEDICAL INFORMATION AS MAY BE DEEMED NECESSARY TO JUDGE MY CAPABILITY TO DO THE WORK FOR WHICH I AM APPLYING. I HEREBY CONSENT TO A PRE- AND/OR POST-EMPLOYMENT DRUG SCREEN AS A CONDITION OF EMPLOYMENT, IF REQUIRED.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. I UNDERSTAND THAT IF EMPLOYED I WILL BE HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, FOR ANY REASON OR NO REASON, WITH OR WITHOUT NOTICE.

I HAVE READ, UNDERSTAND, AND BY MY SIGNATURE CONSENT TO THESE STATEMENTS.

SIGNATURE: _____ DATE: _____