

# Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Date of Birth: \_\_\_\_\_

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name	First Name	Middle Name	
Address	Number	Street	City
			State
			Zip Code
Telephone Number(s)		Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes  No

Have you ever filed an application with us before?

Yes  No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?

Yes  No

If Yes, give date \_\_\_\_\_

Are you currently employed?

Yes  No

May we contact your present employer?

Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes  No

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No

*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain \_\_\_\_\_

# Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

---



---



---

Describe any job-related training received in the United States military.

---



---



---

# Additional Information

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

---



---



---

## Specialized Skills

## Check Skills/Equipment Operated

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Wordperfect	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

---



---



---

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES  NO

## References

1.	_____ ( )
	(Name) Phone #
	_____ (Address)
2.	_____ ( )
	(Name) Phone #
	_____ (Address)
3.	_____ ( )
	(Name) Phone #



# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed	
	Address	From	To		
	Telephone Number(s)	Hourly Rate/Salary			
	Job Title	Supervisor	Starting		Final
	Reason for Leaving				
2.	Employer	Dates Employed		Work Performed	
	Address	From	To		
	Telephone Number(s)	Hourly Rate/Salary			
	Job Title	Supervisor	Starting		Final
	Reason for Leaving				
3.	Employer	Dates Employed		Work Performed	
	Address	From	To		
	Telephone Number(s)	Hourly Rate/Salary			
	Job Title	Supervisor	Starting		Final
	Reason for Leaving				
4.	Employer	Dates Employed		Work Performed	
	Address	From	To		
	Telephone Number(s)	Hourly Rate/Salary			
	Job Title	Supervisor	Starting		Final
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

---



---

# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

\_\_\_\_\_  
INTERVIEWER      DATE

Employed  Yes  No      Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
NAME AND TITLE      DATE

## NOTES



**AFFIDAVIT**

1 I have personally read and answered each and every applicable question herein, and do solemnly swear that each and every answer is full and correct in every aspect.

2 I have or will submit to fingerprinting, as required.

3 I will submit to a complete medical examination to be administered by a duly appointed physician, and further consent to the release of any medical history or information for the confidential use of the County of Washington, Washington County Sheriff's Office, or their assigned medical examiners.

4 I agree to submit to a polygraph (lie detector) examination.

5 I agree to submit to a psychological examination.

6 I agree to submit any and all information on my service career, if any, including DD214 form and military history during my tour of duty.

In witness whereof, I have hereunto subscribed my name this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_, at \_\_\_\_\_, County of \_\_\_\_\_  
(City)  
and State of \_\_\_\_\_.

\*Please note that this affidavit does not need to be notarized.

\_\_\_\_\_  
(Applicant's complete signature)

**\*\*\* IMPORTANT – PLEASE READ \*\*\***

**Note: A copy of your DD214 Form papers, if any, Birth Certificate, High School Diploma or GED certificate, Driver's License, and Firearm Owner's Identification Card (FOID), MUST accompany this application.**



CONSUMER REPORTING AUTHORIZATION FORM

Equal Opportunity Employer

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

I authorize and empower the County of Washington, Washington County Sheriff's Office, any other law enforcement agency, any consumer reporting agency, or other outside service company engaged by said Agency for this purpose, now or subsequently, to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, health, personal characteristics and mode of living, through correspondence or personal interviews with neighbors, friends or associates or others with whom I am acquainted or who may have knowledge concerning any of the above items.

Upon written request, I understand that said Agency/Sheriff's Office will provide me with information regarding the scope of the investigation if one is made.

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

\_\_\_\_\_  
Social Security Number

Application for Other/Miscellaneous



EMPLOYMENT INFORMATION RELEASE

Equal Opportunity Employer

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

To Whom It May Concern:

I respectfully request that you forward or make available for review any and all information that you may have concerning me, my work record or my reputation to the County of Washington/Washington County Sheriff's Office. Also please give or make available for review any information that may appear in my personal file. This information is to be used to determine my qualifications and fitness for the position I am seeking with the County of Washington/Washington County Sheriff's Office.

I hereby release you and/or your employer from any liability and damage of whatsoever nature on account of furnishing the information requested above. Finally, a duplicate of this form shall carry the same force as the original.

\_\_\_\_\_  
Signature

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_  
(Please Print)

Social Security Number: \_\_\_\_\_

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

\_\_\_\_\_