

FREMONT COUNTY GOVERNMENT APPLICATION FOR EMPLOYMENT

(Please Type or Print)

NAME: _____ DATE: _____

Last
First
Middle

MAILING ADDRESS: _____

Street
City
State
Zip

TELEPHONE (Daytime) _____ (Evening) _____ E-Mail Address _____

Are you 18 years of age or older? Yes No Do you have a valid driver's license? Yes No
 Driver's License Number: _____
 CDL Number (if applicable) _____ Type: _____
 CDL Endorsements: _____

Will you provide a certified copy of your driving record if requested? Yes No
 If hired, can you provide written evidence that you are authorized to work in the U.S.? Yes No

Job Title: _____ Part time or Full time: _____

EDUCATION

Type	Name/Location	No. years completed	Degree/Diploma
High School:	_____		
College:	_____		
Vocational Training – Other	_____		

EMPLOYMENT RECORD (start with current/most recent)

Company Name/Address/Phone	Type of Work	Employment Dates	Reason for Leaving
May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
1	_____		
2	_____		
3	_____		
4	_____		

Is there any information we would need regarding your name, or use of another name, for us to be able to check your work record? Yes No If yes, please specify: _____

APPLICATION CONTINUED ON BACK

Please list any additional information that relates to your ability to perform the job for which you have applied – such as licenses, professional memberships, etc.: _____

WORK RELATED REFERENCES			
Name	Occupation	Address/Phone	Years Known
1			
2			
3			
4			

APPLICANT'S STATEMENT

I understand that the employer follows an “**employment at will**” policy, in that the employer or I may terminate my employment at any time, or for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment.

I understand this application will be active for a period of three (3) months; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers and interviews. I authorize all individuals, schools and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information. This information will be kept in strict confidence and will be available only to agency personnel who are involved in the hiring decision.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature: _____ Date: _____

Fremont County employs people on the basis of their qualifications and with assurance of equal opportunity and treatment, regardless of race, creed, religion, color, sex, age, national origin, ancestry or disability.

BACKGROUND CHECK RELEASE

I, _____, do hereby grant permission to the Fremont County Government or their designees to perform a background check in conjunction with my application for employment dated _____. I understand that this background check may include, but is not limited to; criminal history, driving history, employment history and interviews with individuals that may have knowledge of the statements made on my application or during the interview process. This may also include individuals not listed as a reference on my application.

I understand that I am making application for a position that is considered to be a safety sensitive function, and as such; a background check will be performed.

Signature

Date

Social Security Number