

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 _____

Are you 18 years of age or older? Y N Do you have a valid drivers license? Y N
 Driver's License Number: _____
 CDL Number (if applicable): _____ Type _____
 Other: _____

If hired, can you provide written evidence that you are authorized to work in the U.S.? Y N

Job Title: _____ Part time or Full time: _____

EDUCATION

Type	Name/Location	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
<small>MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> Y <input type="checkbox"/> N</small>			

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? Y N If yes, please specify: _____

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

WORK RELATED REFERENCES			
Name	Occupation	Address/Phone	Years Known

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 that 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: _____