

Application for Employment

APPLICANT INFORMATION			
Last Name	First Name	M.I.	Date
Street Address		Apartment/Unit #	
City	State	Zip	
Cell Phone	Home Phone	Email Address	
Are you 18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you eligible/authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there other names under which you have worked or attended school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list for reference checking purposes:			
JOB EXPECTATIONS			
Title of position for which you are applying:			
Are you currently employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, may we contact your employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date available to start work:			
Salary expectations:			
EDUCATION & TRAINING			
High School		Address	
Do not list dates here.	Did you Graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
College		Address	
From ____ To ____	Did you Graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
Other		Address	
From ____ To ____	Did you Graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
Other		Address	
From ____ To ____	Did you Graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
U.S. MILITARY SERVICE			
Branch of Service:			
Rank & Type of Service:			
Training/Experience Received:		Disabled Veterans Preference: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<small>If you wish to claim Veterans Preference you must provide a copy of your DD214.</small>			
PROFESSIONAL REFERENCES			
Please provide <u>employment-related</u> references only. These should be people in a position to discuss your qualifications for the position you seek. Include especially managers, directors, or heads of departments under whom you have worked. Do not include relatives. The County reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to references listed below:			
1. Name		Phone Number	
Years Known and in what Capacity?			
2. Name		Phone Number	
Years Known and in what Capacity?			
3. Name		Phone Number	
Years Known and in what Capacity?			

EMPLOYMENT EXPERIENCE <i>(please attach a resume)</i>	
Name of Employer:	Telephone:
Address:	
Job Title:	Employment Dates (month and year)
Name of Immediate Supervisor:	From: To:
Description of Duties:	
Salary (start): Salary (end):	Reason for Leaving:
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Employer:	Telephone:
Address:	
Job Title:	Employment Dates (month and year)
Name of Immediate Supervisor:	From: To:
Description of Duties:	
Salary (start): Salary (end):	Reason for Leaving:
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Employer:	Telephone:
Address:	
Job Title:	Employment Dates (month and year)
Name of Immediate Supervisor:	From: To:
Description of Duties:	
Salary (start): Salary (end):	Reason for Leaving:
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SIGNATURE

APPLICANT: PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION.

Certification, Acknowledgement and Release

I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitutes grounds for my immediate dismissal should I be employed by Roseau County.

I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the Roseau County Board of Commissioners and that until such approval that Roseau County shall not be liable for any reliance on any oral or written offers of employment made to me.

In connection with this application, I hereby authorize any and all current and former employers, organizations where I have volunteered and references named in this application, or any agent of such a former employer or volunteer organization, to release to Roseau County and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand that Roseau County will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires one year from the date of my signature, below.

I acknowledge that any employment relationship with Roseau County is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by a written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I hereby release Roseau County and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of Roseau County, former employers and volunteer organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information.

Date

Signature of Applicant