

# 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: \_\_\_\_\_

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, hobbies, etc.: \_\_\_\_\_

**WORK RELATED REFERENCES**

<b>Name</b>	<b>Occupation</b>	<b>Address/Phone</b>	<b>Years Known</b>
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 one (1) year; 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 IS A SMOKE, ALCOHOL AND DRUG FREE WORKPLACE**

**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.**