

Name				
Last	First	M.I.	Application Date	

Employment Application

O'Brien County

O'Brien County will provide equal opportunity for all employees and applications for employment without regard to race, color, religion, handicap, national origin, sex, age, or veteran status except when age, sex, or physical status is a bona fide occupational qualification. The information in your application is subject to verification, so please review it for completeness and accuracy.

Unfavorable information about yourself may not necessarily cause rejection, but withholding information or making false statements on this application could result in rejection for employment, or if employed, termination of employment.

PERSONAL	Current Address				
	Street		City	State	Zip
	Home phone number	Bus phone number	Social Security No.	Are you under 18? Y N If yes can you furnish a work permit Y N	
	Are you a citizen of the U.S.? Yes - No If no are you legally eligible for employment in the U.S.? Yes - No Please enter your alien registration number and type of visa held - Alien registration number Permenant Temporary				
POSITION INFORMATION	Position for which you are applying for				
	Type of employment desired	Full time	Part-Time	Temporary	Summer
	Date Available	Salary desired			
	Name of relatives or friends employed by O'Brien County				
	Have you ever applied to O'Brien County before?		If yes, when & where		
	Have you ever worked for O'Brien County before?		If yes, when & and for what group?		
EDUCATION	School	Name of School	Location City & State	Year	Grade Point
	High School				
	College/University				
	Other				
	Other				
MILITARY	Branch of service	Date entered (month/yr)	Date separated (month/yr)	Starting rank	Rank at separation
	Please describe your primary duties while in the service				
	Please list significant military service schools and courses taken				

LICENSES	List current professional registrations, certifications, and licenses. Indicate the issuing state or agency and if appropriate, the license number, the date issued and the expiration date			
QUALIFICATIONS	List any other information you think would be useful in evaluating your qualifications for the position sought: (i.e. publications, patents, professional affiliations, foreign language capabilities, scholastic hours or experience not indicated elsewhere on the application)			
REFERENCES	Please provide at least two business references. If you do not have business references, scholastic or personal references may be substituted.			
	Name	Company	Title	Yrs known
	Address	City	State	Telephone No.
	Name	Company	Title	Yrs known
	Address	City	State	Telephone No.
	Name	Company	Title	Yrs known
	Address	City	State	Telephone No.
	Name	Company	Title	Yrs known
	Address	City	State	Telephone No.
SPECIAL MATTERS				
	Have you been convicted of a crime in the past ten years that has been annulled, expunged or sealed by a court? Convictions will not necessarily disqualify an applicant from employment.			
Yes - No	If yes, please describe in full		Location	Date of offenses
AGREE MENT	1. I certify that the answers herein are true and correct to the best of my knowledge.		4. I understand that employment may be conditioned upon a favorable health evaluation, which may include a medically approved laboratory test for the detection of narcotics or other drugs, the presence of which may affect my performance as an employee and may be used as grounds of denying employment.	
	2. I authorize investigation of such statements contained in this application for employment as me be deemed necessary by the employer in arriving at an employment decision. Former employers named herein are hereby released from any and all liability for issuing information pursuant to such investigation. I hereby waive any privilege I have as to such information.		5. I understand that this application is not intended to be a contract of employment. I further understand that, if hired, my employment will be as an employee at will, and that my employment may be terminated by the employee or the employer at any time, with or without cause.	
3. In the event of employment, I understand that false or misleading information or omissions 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				
Applicant Signature				Date

EMPLOYMENT

Are you presently employed? Yes - No		If so may we contact your present employer? Yes - No		
Present or most recent position	Employer	Position(s) held	Start date (mo/yr)	Base pay
	Street		End date (mo/yr)	Base pay
	City & State	Supervisor	Full time ____ Part time ____	Hours per week
	Telephone Number	Reason for leaving (give details)	Your full name at time (if different)	
Note: Indicate reason for and length of unemployment between most recent employer and first previous employer				
1st Previous	Employer	Position(s) held	Start date (mo/yr)	Base pay
	Street		End date (mo/yr)	Base pay
	City & State	Supervisor	Full time ____ Part time ____	Hours per week
	Telephone Number	Reason for leaving (give details)	Your full name at time (if different)	
Note: Indicate reason for and length of unemployment between most recent employer and first previous employer				
2nd Previous	Employer	Position(s) held	Start date (mo/yr)	Base pay
	Street		End date (mo/yr)	Base pay
	City & State	Supervisor	Full time ____ Part time ____	Hours per week
	Telephone Number	Reason for leaving (give details)	Your full name at time (if different)	
Note: Indicate reason for and length of unemployment between most recent employer and second previous employer				
3rd Previous	Employer	Position(s) held	Start date (mo/yr)	Base pay
	Street		End date (mo/yr)	Base pay
	City & State	Supervisor	Full time ____ Part time ____	Hours per week
	Telephone Number	Reason for leaving (give details)	Your full name at time (if different)	
Note: Indicate reason for and length of unemployment between most recent employer and third previous employer				