COUNTY OF AUDRAIN Employment Application

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, nation origin, disability status protected veteran status, or any other characteristic protected by law.

Any individual requiring reasonable accommodations to any phase of the application process and/or interview process show notify a representative of the Human Resources Department.

		App	olicar	nt Information			
Full Name:						Date:	
	Last	First			M.I.		
Address:							
	Street Address					Apartment/Unit #	
	City				State	ZIP Code	
Phone:				Email:			
Position App	lied for:						
Full Time		emporary					
Date Availab	ole for work?			What is your desi	ired salary: <u>\$</u>		
•	e u care care					YES	NO
	form the essential functions of	•					
	 If you have any questions a viewer before you answer this 						ease
don the mitor	viewer belefe you allower time						
How did you	learn about us?						
		YES	NO				
Are you eligi	ble to work in the U.S.						
		YES	NO				
Are you 18 y	rears of age?						
Have you ev	er filed an application with us	YES	NO				
before?				If yes, give date:_			
		YES	NO				
Have you ev	er been employed by us befor	e?		If yes, when?_			
		YES	NO				
Do you have	any relatives working here?			If yes, who?_			
Have you ev	er been convicted of a crime?	YES	NO	If yes, please explain:			
•							
Are you curre subject to re	ently on "lay-off" status and	YES	NO				
cabjeet to 16	ouii.						
Can vou trav	vel if iob requires it?	YES	NO				

Education					
	Name and Address of School	Number of Years Completed	Subjects Studied/Major	Degree Received	
High School					
Vocational or Trade School					
College					
Graduate					

Previous Employment

Must complete, even if attaching a resume. List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here. If additional room is needed, please continue on a separate sheet of paper.

Employer Name		Start Date			
Supervisor Name	E		Date		
Street Address	Phone				
City/State/Zip Code	Positio	Position Held			
Reason for leaving? May we co		e conta	ct?	Yes	No
Employer Name		Start Date			
Supervisor Name		End D			
Street Address	Phone				
City/State/Zip Code	Positio	n Held			
Reason for leaving?	May w	May we contact?		Yes	No
Employer Name		Start	Date		
Supervisor Name			Date		
Street Address	Phone				
City/State/Zip Code	State/Zip Code Position Held				
Reason for leaving?	May w	May we contact?		Yes	No
Employer Name		Start	Date		
Supervisor Name	En		Date		
Street Address Phon					
City/State/Zip Code Position Held		n Held			
		contact	t?	Yes	No

Skills and Qualifications					
Other qualifications such as special skills, abilities or honors that should be considered:					
Types of computers, software, and other equipment you are qu	alified to operate or repair:				
Professional licenses, certifications or registrations:					
ALES LUB					
Additional skills, including supervision skills, other languages of to the employers attention:					
to and omproyons attention.					
Referenc	es				
Please list three professional references.					
·					
Full Name:	Relationship:				
Company:	Phone:				
Address:					
Full Name:	Relationship:				
Company:	Phone:				
Address:					
Address.					
Full Name:	Relationship:				
0	Dhana				
Company:	FIIOTIE				
Address:					
Disclaimer a	nd Signature				
I acknowledge the information I have supplied herein is true a					
statements made on my application for employment as may k					
I hereby understand and acknowledge, unless otherwise defined company is of an "at will" nature, which means that the Employischarge at any time with or without cause.					
I understand that any falsifications, misrepresentations or omissions of fact may be grounds for rejection of my application or discharge at any time during my employment.					
I understand that nothing in this application is intended to imp	ly or create a contact of employment.				
Signature	Dato				