



May we contact your present employer for a reference?

Yes

No

Briefly describe the type of work that you are best qualified to do by reason of background, education, previous employment or training, and tell why you feel qualified for the position(s) for which you are applying:

### EDUCATIONAL DATA

NAME OF SCHOOL OR COLLEGE	LOCATION CITY, STATE, ZIP	MAJOR SUBJECT/DEGREE	SCHOLASTIC AVERAGE	DID YOU GRADUATE?
High School:				
College or University:				
Other Schools Attended:				
Other (Courses, Special Training, Etc.):				

Honors received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT DATA

List all previous employment for the last ten (10) years in chronological order – last position or current employer first – including U.S. Military, if applicable. Attach additional pages if needed or resume if desired.

<b>Employer:</b>		Telephone:
Address:		Final Salary:
Dates Employed: From                      To	Position(s) Held:	Supervisor:
Reason for Leaving:		
<b>Employer:</b>		Telephone:
Address:		Final Salary:
Dates Employed: From                      To	Position(s) Held:	Supervisor:
Reason for Leaving:		
<b>Employer:</b>		Telephone:
Address:		Final Salary:
Dates Employed: From                      To	Position(s) Held:	Supervisor:
Reason for Leaving:		

**PERSONAL REFERENCES OTHER THAN RELATIVES AND FORMER EMPLOYERS**

NAME	ADDRESS AND TELEPHONE	OCCUPATION

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**CERTIFICATION**

I certify that all information contained in this application is true, complete and correct to the best of my knowledge. I understand that any material omission, misrepresentation or falsification of this information is grounds for dismissal from or refusal of employment. I hereby authorize the investigation of all statements contained in this application and give permission to contact all or any of my previous employers, references and/or schools for information unless otherwise noted in this document, including permission to obtain information related to my prior work history. I also give my consent to contact the Bureau of Motor Vehicles for a Moving Vehicle Violation Report if such information is required to perform the duties of the position. I agree to submit to a post-offer, pre-employment medical examination at the Counties expense, including a drug/alcohol test. I understand that my employment is contingent upon successful completion of the post-offer medical exam and passing the drug/alcohol test. I also agree to submit to random and/or reasonable suspicion drug tests, according to the County policy, as a condition of continuing employment. I indemnify and hold harmless all persons either providing or receiving information, verbal or written, pursuant to this application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Applications not resulting in hire will be kept on file by the County Auditor's Office for a period of 180 days. After 180 days, applicants must resubmit new applications to be considered for future vacancies.

<b>FOR INTERNAL USE ONLY</b>	
ARRANGE INTERVIEW: YES <input type="checkbox"/>	NO <input type="checkbox"/>
REMARKS: _____	
_____	
_____ INTERVIEWER'S SIGNATURE	
_____ DATE	