**APPLICATION FOR EMPLOYMENT**

**WASHINGTON COUNTY ROAD DEPARTMENT**

**P.O. BOX 130**

**8845 BERRY HILL ROAD**

**BLAIR, NE 68008**

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PLEASE PRINT

Position(s) applied for

Referral Source: Advertisement Employee Relative Walk-In

Government Employment Agency Private Employment Agency

Other Name of Source (if applicable)

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|  |

Name

Last First Middle

Address

Street City State Zip Code

Telephone Number ( ) Cell Phone Number ( )

If necessary, best time to call you at home is

May we Contact you at work? Yes No

If yes, work number or cell phone and best time to call ( )

If you are under 18, can you furnish a work permit Yes No

Have you filed an application here before? Yes No

If yes, give date

Do you currently have a CDL? Yes No

Are you legally eligible for employment in this country? Yes No

(Proof of U.S. Citizenship or Immigration status will be required upon employment).

Date available for work

Type of employment desired: Full-Time Part-Time Temporary

Seasonal Educational Co-op

Are you on lay-off and subject to recall? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

Have you ever been bonded? Yes No

Have you been convicted of a felony in the last (7) years? Yes No

(Such conviction may be relevant if job related, but does not bar you from employment).

If yes, please explain

Driver’s license number (if job-related) State

**An Equal Opportunity Employer**

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer’s service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant’s consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is the company’s policy not to refuse to hire a qualified individual with a disability because of this person’s need for an accommodation that would be required by ADA.

**Comments:**

Signature of Applicant Date

**EMPLOYMENT OF HISTORY**

List your four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer Telephone Date Employed Summarize the nature of the ( ) From To work performed and job responsibilities:

Address

Job Title Hourly Rate/Salary

Start

Immediate Supervisor and Title $ Per

Reason for leaving Hourly Rate/Salary

Final

$ Per

May we contact for reference? Yes No Later

Employer Telephone Date Employed Summarize the nature of the ( ) From To work performed and job responsibilities:

Address

Job Title Hourly Rate/Salary

Start

Immediate Supervisor and Title $ Per

Reason for leaving Hourly Rate/Salary

Final

$ Per

May we contact for reference? Yes No Later

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Immediate Supervisor and Title $ Per

Reason for leaving Hourly Rate/Salary

Final

$ Per

May we contact for reference? Yes No Later

Comments (including explanation of any gaps in employment)

**Skills and Qualifications –** Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying

**Educational background** (if job related)

**A.** List last three (3) schools attended, starting with most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank and **E.** Major and minor field of study (if applicable).

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| --- | --- | --- | --- | --- | --- |
| A. School | B. Years Completed | C. Degree Diploma | D. GPA  Class Rank | E. Major | E. Minor |
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List any foreign language (s) you know and check the boxes that describe your skill level.

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| --- | --- | --- | --- | --- |
| Language | Speak Some | Speak Fluently | Read | Write |
|  |  |  |  |  |
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**References**

List name and telephone number of three business/work references that are *not* previous supervisors. If not applicable, list three school or personal references that are *not* related to you.

|  |  |  |
| --- | --- | --- |
| Name | Telephone | Years Known |
|  | Area Code  ( ) |  |
|  | Area Code  ( ) |  |
|  | Area Code  ( ) |  |

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.

|  |  |
| --- | --- |
| Organization | Offices Held |
|  |  |
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List special accomplishments, publications, awards (exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status).

List any additional information you would like us to consider.