

Christian County
Application for Employment
(An Equal Opportunity Employer)

Name: _____ **Date:** _____
Current Address: _____ **Phone #** _____
_____ **Alternate #** _____

Position desired: _____

Please complete all questions for employment consideration

- Have you applied for employment with the County before? ___yes___no
If yes, date and result _____
- If referred by a current employee, please provide their name _____
- Have you ever been employed with us before?..... ___yes___no
If yes, provide the date _____
- If you have relatives employed with us, list their name/relationship

- Are you currently employed? ___yes___no
- May we contact your present employer? ___yes___no
- Are you over 16? ___yes___no
- Are you available to work: Full Time ___yes___no (shift 1 2 3)
 Part Time ___yes___no
 Temporary/seasonal ___yes___no
- Date available to start: ___/___/___
- What is your desired salary range? _____
- If you would be engaged in any other work while in our employ, please explain

- If hired, can you demonstrate eligibility to work in the United States? ___yes___no
- Has a former employer ever disciplined you for tardiness or absenteeism? ___yes___no If
yes, please explain: _____
- Would a former employer categorize your attendance as meeting expectations? ___yes___no
If no, please explain: _____
- To the best of your knowledge, after learning of the job duties, would you be able to
perform all the essential functions of this position? ___yes___no
If no, explain _____

Upon offer of employment, I agree to take a drug test at the County's expense and realize that the offer of employment is contingent upon my test results being drug free.

Signature

Dated

HISTORY OF EMPLOYMENT

Start with your present or last job. Include military service if applicable

Employer:	Dates Employed From To	Work Performed/Duties
Address:		
Phone numbers:	Hourly rate or Annual salary	
Starting/present job title:	Starting	
Supervisor:	Final	
Reason for leaving:		May we contact this employer? [] yes [] no
Other:		
***** *****	*****	*****
Employer:	Dates Employed From To	Work Performed/Duties
Address:		
Phone numbers:	Hourly rate or Annual salary	
Starting/present job title:	Starting	
Supervisor:	Final	
Reason for leaving:		May we contact this employer? [] yes [] no
Other:		
***** *****	*****	*****

Employer:	Dates Employed		Work Performed/Duties
	From	To	
Address:			
Phone numbers:	Hourly rate or Annual salary		
Starting/present job title:	Starting		
Supervisor:	Final		
Reason for leaving:			May we contact this employer? [] yes [] no
Other:			
			Request a supplemental page if needed

If you were employed under a different name in any of these positions, note your name under "other".

Comments: Include any gaps in employment

Describe any specialized training, apprenticeship, skills and extra-curricular activities as applicable to position.

Describe any job-related training received in the United States military.

EDUCATIONAL BACKGROUND

SCHOOL	Name and Address of School	Course of study/ Honors	Dates attended	Date of completion and Diploma/Degree
High School			N/A	N/A date of graduation Completed __yes__no
College or University				
Business or Trade				
Other (Specify)				

OFFICE

__ Personal Computer

__ Windows _____

__ DOS _____

__ Network Computer

List programs:

Note by degree of knowledge:

(0=none to 5=extensive training)

__ Word Processing

__ Publisher

__ Power Point

__ Excel

__ _____

__ _____

__ Keyboard ___ WPM

__ Typewriter ___ WPM

__ Calculator

__ _____

__ _____

__ _____

__ _____

HEAVY EQUIPMENT Do you have a CDL License? [] yes [] no

__ Front End Loader

__ Backhoe/Excavator

__ Motor Grader

__ Flagger Training

__ Surveying

__ Project Management

Other _____

PERSONAL/PROFESSIONAL REFERENCES

Do not include family members or past supervisors.

Name and address	Phone number/s	Best time to call	Occupation
1.			
2.			
3.			

This application will remain active for 90 days.
Reapplication is necessary after that time period.

ACKNOWLEDGEMENT OF UNDERSTANDING AND CONSENT

Please read thoroughly before signing

It is understood that this application is not an obligation of employment.

I hereby authorize the company to investigate all references and former employment, and I release from liability those supplying such information. Upon offer of employment, I agree to take a drug test at the company’s expense and realize that the offer of employment is contingent upon my test results being drug-free.

I will provide proof of my eligibility to work within three (3) business days as required by “The Immigration Reform and Control Act of 1986”.

I understand that the company can make no guarantee as to the numbers of hours that I may be assigned from week to week, and any reduction in hours can affect my compensation and benefits. I also understand that I may be required to change days off and scheduled hours on a temporary or regular basis in order to continue my employment. Also, I understand that the County reserves the right to transfer me, as business necessitates, and my continued employment may be predicated upon my acceptance of said transfer. I understand that evenings or weekends may be part of any schedule I may be assigned.

I understand that my employment may not be governed by any written or oral contract and is considered an “at will” arrangement. I understand that I am free, as is the County, to terminate employment at any time for any reason, so long as there is no violation of applicable Federal or State law unless modified by a collective bargaining agreement.

I state that the information on this application is true and complete. False statements, misrepresentations, or omission may be cause for cancellation of an employment offer or termination, even if already employed. I agree that I have read and understand the above acknowledgements and agreements and recognize all of the above as conditions of employment.

I understand that if employed in a position governed by a collective bargaining agreement to which the County is a party that once I am covered by the agreement its terms may supersede some of the statements in this acknowledgement of understanding.

Signature

Date

DO NOT WRITE BELOW THIS LINE – FOR EMPLOYER USE

Management Approval _____

Start Date _____ Exempt/Rate _____ Non-Exempt/Rate _____

Full-Time _____ Part-Time _____ Position _____

AN EQUAL OPPORTUNITY EMPLOYER