



EMPLOYMENT APPLICATION

(Please complete all questions for employment consideration)

PERSONAL INFORMATION

Name: _____
Last First Middle

Address: _____
Street City State ZIP

Home Phone: _____ Cell Phone: _____ E-mail Address: _____

How did you hear about this job opening? _____

Position Applying For: _____

_____ Full Time _____ Part Time _____ Temporary (Select all that apply)

Desired Starting Salary: _____

Working schedule you will accept: _____ Days _____ Afternoons _____ Evenings

Ever been employed by Bureau County: _____ Yes, When _____ No _____

Are you eligible for employment in the United States? _____ Yes _____ No

(Employment is subject to verification of US citizenship or immigration status in accordance with the Immigration Reform & Control Act)

If hired, can you provide documentation of this eligibility? _____ Yes _____ No

Can you perform the essential requirements of this job with accommodations? Yes ___ No ___

Are you over 16? _____ Yes _____ No

EDUCATION / SPECIAL TRAINING

School Name/ Address	Dates Attended	Years Completed	Diploma/Degree Certificate	Major/GPA
HIGH SCHOOL				
COLLEGE				
POST GRADUATE				
OTHER				
MILITARY SERVICE	BRANCH:	Length of Service:	Dates: (From)	(To)

Computer Skills: _____

Other Skills/ Qualifications: _____

Will you be engaged in any other work while in our employ, please explain: _____

REFERENCES

List professional individuals (at least one supervisor) familiar with your character, ability and work performance.

NAME RELATIONSHIP CONTACT PHONE NUMBER

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EMPLOYMENT HISTORY

Please list only your current and 2 previous employers, starting with your current employer.
If you are not presently employed, start with your most recent employer and list 2 employers.

Employer Name: _____ Phone Number: _____

Address: _____

Street

City/State

Zip Code

Position Title: _____

Supervisor Name & Title: _____

Employment Dates: From _____ To _____

Starting Salary: \$ _____ Ending Salary: \$ _____

Are you currently working for this employer? ___ Yes ___ No If yes, may we contact? ___ Yes ___ No

Please indicate reason for leaving: _____

Describe your job functions and responsibilities:

EMPLOYMENT HISTORY

Employer Name: _____ Phone Number: _____

Address: _____

Street

City/State

Zip Code

Position Title: _____

Supervisor Name & Title: _____

Employment Dates: From _____ To _____

Starting Salary: \$ _____ Ending Salary: \$ _____

Are you currently working for this employer? ___ Yes ___ No If yes, may we contact? ___ Yes ___ No

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Describe your job functions and responsibilities:

EMPLOYMENT HISTORY

Employer Name: _____ Phone Number: _____

Address: _____

Street

City/State

Zip Code

Position Title: _____

Supervisor Name & Title: _____

Employment Dates: From _____ To _____

Starting Salary: \$ _____ Ending Salary: \$ _____

Are you currently working for this employer? ___ Yes ___ No If yes, may we contact? ___ Yes ___ No

Please indicate reason for leaving: _____

Describe your job functions and responsibilities:

ACKNOWLEDGEMENT OF UNDERSTANDING AND CONSENT

Please read thoroughly before signing

This application is not an obligation of employment and I hereby authorize Bureau County to investigate current and previous employment, education, all references and pertinent information, and I release from liability those supplying such information. Upon offer of employment, I understand that I will be required to take a pre-employment drug test and complete a medical/physical examination at the County's expense. I realize that an offer of employment is contingent upon my test results being substance-free and satisfactory information being received from physical testing professionals and reference sources. Permission is granted to Bureau County to conduct a criminal background investigation. It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living. I will provide proof of my eligibility to work on the date of hire as required by "The Immigration Reform and Control Act of 1986".

I understand that my employment, unless covered by a collective bargaining agreement, is not 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 or for just cause, so long as there is no violation of applicable Federal or State law or valid collective bargaining agreement.

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 that agreement its terms may supersede some of the statements in this acknowledgement of understanding.

I certify that all statements made on this application are true and complete. I understand that false statements, misrepresentations, or omission(s) may be cause for rejection/cancellation of an employment offer or termination, even if already employed. I agree that I have read and understand the above acknowledgement and recognize all of the above as conditions of employment.

Signature of Applicant

Date

- Bureau County is an Equal Employment Opportunity Employer -