

**WAYNE COUNTY  
APPLICATION FOR EMPLOYMENT**

**"WAYNE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER"**  
Federal and State law prohibit discrimination on the basis of race, religion, sex, age, national origin, marital status or mental or physical disability. No question on the application is intended to secure information to be used for such discrimination.

**THIS IS A FILLABLE FORM. PLEASE TYPE IN THE INFORMATION TO FIT THE SPACES.**

**GENERAL INFORMATION**

Date: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Have you ever filed an application at Wayne County before?     Yes     No  
If yes, give the date \_\_\_\_\_

Have you ever been employed at Wayne County previously?     Yes     No  
If yes, give date & department \_\_\_\_\_

Are you currently employed?     Yes     No

*In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire. Applicants are subject to background checks.*

Employment desired:     Full-time     Part-Time     Temporary

When are you available for work? \_\_\_\_\_

Can you travel if a job requires it?     Yes     No

Have you ever been convicted of a felony?     Yes     No  
If yes, please explain \_\_\_\_\_

Are you a veteran of the United States military service?     Yes     No  
If yes, please list what branch of service and years of service \_\_\_\_\_

If yes, did you receive an honorable discharge?     Yes     No

**EDUCATION**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	# OF YEARS	MAJOR or DEGREE	CHECK IF GRADUATED
High School					
College					
Graduate School					
Bus. Or Trade School					
Professional School					

**COMPUTER SKILLS** (Only for positions which require computer skills)

Check off those computers skills with which you are proficient (any version).

PC Users   
  Macintosh User   
  Windows   
  Microsoft Word   
  Microsoft Access  
 Microsoft Excel   
  Microsoft Publisher   
  Web Page Design/Maint.   
  E-mail   
  Internet  
 Other. Please list \_\_\_\_\_  
 \_\_\_\_\_

**DRIVER'S LICENSE** (Only for positions which require driving or travel is required for the position)

Do you have a driver's license?     Yes     No

Driver's License # \_\_\_\_\_ State of issue \_\_\_\_\_

Operator   
  Commercial (CDL)   
  Chauffeur  
 Expiration Date \_\_\_\_\_

Have you had any accidents during the past three years?     Yes     No    How many? \_\_\_\_\_

Have you had any moving violations during the past three years?     Yes     No    How many? \_\_\_\_\_

**OTHER SPECIAL SKILLS**

Please list other special skills you may have, e.g. fluency in other languages, licenses, specialized training, apprenticeships, or job related military training.

\_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE**

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Exclude organization names which indicate race, religion, color, national origin, age, sex, disability, sexual orientation, or veteran's status.

<b>Employer:</b>	
<b>Address:</b>	
<b>Job Title:</b>	<b>Supervisor:</b>
<b>Dates of Employment :</b> From: To:	<b>Rate of Pay:</b> Starting: Ending:
<b>Work Performed:</b>	
<b>Reason for Leaving:</b>	

<b>Employer:</b>	
<b>Address:</b>	
<b>Job Title:</b>	<b>Supervisor:</b>
<b>Dates of Employment :</b> From: To:	<b>Rate of Pay:</b> Starting: Ending:
<b>Work Performed:</b>	
<b>Reason for Leaving:</b>	

<b>Employer:</b>	
<b>Address:</b>	
<b>Job Title:</b>	<b>Supervisor:</b>
<b>Dates of Employment :</b> From: To:	<b>Rate of Pay:</b> Starting: Ending:
<b>Work Performed:</b>	
<b>Reason for Leaving:</b>	

**References**

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone _____	Telephone _____

Your application will remain confidential unless you agree to disclosure by signing below. I agree to allow this application to be subjected to disclosure, check the box and sign next to it.

\_\_\_\_\_

Signature of applicant Date Signed

Check the box and sign below to give Fremont County the authority to contact any previous employers.

\_\_\_\_\_

Signature of applicant Date Signed

**WAIVERS AND DISCLOSURES**

Please read each section carefully and sign below.

**AT-WILL EMPLOYMENT**

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

**CERTIFICATION OF TRUTH AND ACCURACY**

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

\_\_\_\_\_

Signature of Applicant Date Signed

**This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.**

**Thank you for applying to Wayne County**