

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

NAME: _____ DATE: _____
LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER: _____

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

PERMANENT ADDRESS: _____
STREET CITY STATE ZIP

PHONE NO. _____ ARE YOU 18 YEARS OR OLDER? Yes No

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes _____ No _____

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START: _____ SALARY DESIRED: _____

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

REFERRED BY: _____

| EDUCATION | NAME AND LOCATION OF SCHOOL | *NO OF YEARS ATTENDED | *DID YOU GRADUATE? | SUBJECTS STUDIED |
|--|-----------------------------|-----------------------|--------------------|------------------|
| GRAMMAR SCHOOL | | | | |
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL | | | | |

GENERAL
 SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)
 EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS

U.S. MILITARY OR NAVAL SERVICE: _____ RANK: _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES: _____

*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

***NOTE: PAGE 3 MUST BE NOTARIZED**

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

| DATE MONTH AND YEAR | NAME, ADDRESS & PHONE NUMBER | SALARY | POSITION | REASON FOR LEAVING |
|---------------------|------------------------------|--------|----------|--------------------|
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

| | NAME | CITY, STATE & PHONE # | BUSINESS | YEARS ACQUAINTED |
|---|------|-----------------------|----------|------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. (Fill in name of state)
 IT IS UNLAWFUL IN THE STATE OF _____ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A
 CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE
 SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

Signature of Applicant _____

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.
 IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

REMARKS:

NEATNESS

ABILITY

Hired: Yes No

POSITION

DEPT

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED: 1

EMPLOYMENT MANAGER

2

DEPT HEAD

3

GENERAL MANAGER

AUTHORIZATION TO RELEASE INFORMATION & RECORDS

I hereby designate an authorized representative of the Sublette County Maintenance Office, bearing this release, or a copy of it to obtain any information, make inquiries and investigations, pertaining to my personal, financial, physical and mental condition, medical, military, employment history and performance, criminal arrest, prosecution and detention information and or educational records including but not limited to information which is personal, confidential or privileged in nature, or, which relates to any and all aspects of my personal history for the use of the Sublette County Maintenance Department related to determining my qualifications for employment with the Sublette County Maintenance Department, within one year of it's date.

I am required to furnish information which this agency may use in determining my moral, physical, mental and financial qualifications. In this connection, I hereby expressly authorize and direct you to release any and all information, which you may have concerning me, upon request of the bearer. I understand that this information is for the official and confidential use of the Sublette County Maintenance Department. I further understand that any background investigation report prepared by the Sublette County Maintenance Department is strictly confidential and will not be read or reviewed by anyone except the appointing authority or designated confidential agent or the Sublette County Maintenance Office.

I hereby release the Sublette County Maintenance Department with which I am seeking employment and any organization, company, employers, schools, physicians, law enforcement agencies, military organizations, institutions or any person(s) furnishing information to the Sublette County Maintenance Department as expressly authorized above, from any and all liability for damages which may result from furnishing the information requested.

In the event of my employment, I understand that false, incomplete or misleading information given in my application or during any interview(s) may result in my termination.

| | |
|--|-------|
| _____ | _____ |
| Signature | Date |
| Print full name : _____ | |
| Last | First |
| Middle | |
| Present address : _____ | |
| Birth date : _____ Social security no. : _____ | |

ACKNOWLEDGEMENT

State of : _____)
)
 County of : _____)

The foregoing instrument was acknowledged before me by _____,
This _____ day of _____, 20____. Witness my hand and official seal.

My Commission Expires : _____
Notary Public

SUBLETTE COUNTY MAINTENANCE DEPARTMENT

SUPPLEMENTAL APPLICATION INFORMATION

NEWLY HIRED EMPLOYEES WILL BE EXPECTED TO :

1. Complete additional forms and paperwork
 2. Be fingerprinted
 3. Work with various cleaning chemicals and equipment
 4. Work at various facilities within the county
 5. Wear personal protective equipment / clothing when necessary (ex: gloves, coveralls, safety glasses etc.)
 6. Attend various job related classes (held during regular working hours)
 7. Work alone or as a team member
 8. Learn the job and complete daily duties in the allotted time
 9. Wear uniform shirts
 10. Work in a safe and professional manner
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FOR ALL NEWLY HIRED EMPLOYEES SUBLETTE COUNTY WILL :

1. Conduct a fingerprint check
2. Conduct a background check
3. Train employee for the position
4. Offer a comprehensive benefit package after a 90 day probation period (*FULL TIME ONLY*)