

Delta County Application for Employment

PLEASE PRINT

Delta County is an equal opportunity employer and considers applicants on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, height, weight and any other legally protected status.

Instructions to Applicant:

1. Please make sure others can read your application.
2. Fill out the entire application.
3. Filing an application does not imply that you will be interviewed or hired, but that you will be considered for vacancies based upon the stated Occupational Preference or other suitable positions identified.
4. Applications are considered active for one year unless renewed by you.
5. If you are offered employment, you may be required to pass a physical to be paid for by the employer.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE (initial)	SOCIAL SECURITY NO.
PRESENT ADDRESS (street)	CITY	STATE	ZIP CODE
TELEPHONE No.	ALTERNATE TELEPHONE No.		

EMPLOYMENT DESIRED

POSITION	DATE AVAILABLE TO START	SALARY DESIRED
CURRENTLY EMPLOYED YES _____ NO _____	EVER APPLIED TO THIS COMPANY BEFORE?	WHERE? WHEN?
ARE YOU AVAILABLE TO WORK: (circle all that apply) Regular Full-time Regular Part-time		What Date Are you Available for Work?

Are you legally eligible for employment in the United States? Yes _____ No _____ If hired, you are required to submit proof of your eligibility to work in the United States.

Are you over the age of 18? Yes _____ No _____ If no, hire is subject to verification that you are of minimum legal age.

During the last ten years, have you ever been convicted of a crime other than minor traffic offenses?
 Yes _____ No _____
 If yes, explain: _____

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, the nature and gravity of the offense, rehabilitation, and the nature of the job sought will be considered.)

EDUCATION HISTORY

	High School	Technical School	College	Other
School Name and Location				
Years Completed	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Diploma Degree	Yes No	Yes No	Yes No	
Major Course(s) of Study or Degree Received				

ADDITIONAL QUALIFICATIONS

Summarize special job-related skills, training or experience gained in professional organizations, school (not previously mentioned), or outside activities and volunteer service that you believe relate to your ability to perform the job for which you are applying. Also list any other job-related information you wish to have considered. Include any professional license(s) or certifications not previously listed.

U.S. Armed Forces Branch in which you served: _____

Dates of active duty:
 From: _____ To: _____

Describe your military duties and special training received or skills acquired that could relate to the job for which you are applying:

Reason for leaving military service:

EMPLOYMENT EXPERIENCE

List present and past employment. Start with your present employer and most recent position.

1. EMPLOYER	Dates Employed (Mo. & Yr.)		Work Performed. Duties/Responsibilities
Address	From	To	
Telephone Number(s)	Base Pay		
Job Title:	Start	Final	
Supervisors Name:			
Reason for Leaving:			

2. EMPLOYER	Dates Employed (Mo. & Yr.)		Work Performed. Duties/Responsibilities
Address	From	To	
Telephone Number(s)	Base Pay		
Job Title:	Start	Final	
Supervisors Name:			
Reason for Leaving:			

3. EMPLOYER	Dates Employed (Mo. & Yr.)		Work Performed. Duties/Responsibilities
Address	From	To	
Telephone Number(s)	Base Pay		
Job Title:	Start	Final	
Supervisors Name:			
Reason for Leaving:			

4. EMPLOYER	Dates Employed (Mo. & Yr.)		Work Performed. Duties/Responsibilities
Address	From	To	
Telephone Number(s)	Base Pay		
Job Title:	Start	Final	
Supervisors Name:			
Reason for Leaving:			

REFERENCES

Give name, address, and telephone number of three business, school, professional references who are not related to you.

1. _____

2. _____

3. _____

Do you have relatives, other than spouse, employed by the County? _____

If Yes, give name and department: _____

AUTHORIZATION

I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that consideration for employment in this position is contingent upon the result of a reference and background check; therefore, I authorize all persons to provide any accurate information that may be required to reach an employment decision.

I understand that nothing stated in this application implies, offers, or creates an employment relationship or contract for employment and Delta County may supplement, revise, or discontinue any of its policies, procedures or benefits at any time at Delta County's sole discretion, with or without notice.

I further understand that if hired, my employment is at-will and can be terminated by me or Delta County at any time and for any reason, with or without notice, subject only to the express provisions of any applicable collective bargaining agreement.

I hereby certify that the information provided in this application is true and complete, and I understand that false information or significant omissions may disqualify me from consideration for employment or may lead to my dismissal if hired.

Signature of Applicant

Date

AUTHORIZATION FOR CONSUMER REPORT OR BACKGROUND INVESTIGATION

(Please read the entire document before signing)

To Whom It May Concern:

I hereby voluntarily authorize and request any present or former employer, financial institution, or other entity or person, which may have personal knowledge about me, to furnish any representative of Delta County with any and all information (including credit reports and other consumer reports under the Fair Credit Reporting Act) regarding me in connection with my application for employment and/or my continued employment with Delta County. A photocopy or facsimile of this authorization may be accepted in place of the original authorization.

I acknowledge that I have been given a stand-alone, consumer notification that a report will be requested and used for the purpose of evaluating me for employment, reassignment, or retention as an employee. I understand that complete and honest disclosure is required on these forms and that any error or omission or other discrepancy of any kind between the information I have provided on these forms or my employment application and any information discovered as a result of the record check may be used to deny employment with or terminate my employment from Delta County.

Print Full Name: _____

Social Security No.: _____

Name as it appears on Driver's License: _____

Driver's License No.: _____ State Where Issued: _____

List other names used and dates when used:

_____ From: _____ To: _____

_____ From: _____ To: _____

_____ From: _____ To: _____

May we contact your current employer? _____ Yes _____ No

Signature of Applicant: _____ **Date:** _____