

PONDERA COUNTY APPLICATION

Please complete this application by typing or printing in ink. INCOMPLETE or UNSIGNED applications will not be considered
 We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status,
 or disability.

Do you need an accommodation to participate in the application or interview process? Yes No

POSITION APPLIED FOR: _____

Personal:
NAME: _____
(First Name) (Middle Initial) (Last Name)

ADDRESS: _____ **APT:** _____

(City) (State) (Zip Code)

HOME PHONE: _____ **CELL PHONE:** _____

Are you a Military Veteran? Yes No How many years of service? _____

Driver's License:
 Do you have a valid driver's license? Yes No If Yes, State: _____

Do you have a current CDL? Yes No If Yes, State: _____

Education:
 Highest Grade Completed: _____

Did you receive a High School Diploma or Equivalent Certificate?
 Yes _____
NAME AND MAILING ADDRESS OF SCHOOL AWARDING DIPLOMA OR GED

No _____
NAME AND LOCATION OF SCHOOL ATTENDED & NUMBER OF YEARS ATTENDED

POST HIGH SCHOOL EDUCATION	VOCATIONAL/TECHNICAL SCHOOL OTHER	UNDERGRADUATE COLLEGE OR UNIVERSITY	GRADUATE PROFESSIONAL
School Name City and State			
Number of Years Completed	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
<i>Diploma/degree Received</i>			
Course Work and/or Relevant Course Work			

OTHER TRAINING: List other schools or training that will help you qualify for this position.				
Training Site Provider Name and Location	Dates Attended (from/to)	Did you Complete?	Course Title or Description	Total Hours

LICENSES / REGISTRATION or CERTIFICATES (CPA, PE, etc.)				
Name and complete address of Licensing Agency	Type of License	Endorsement / Restriction (if applicable)	Date Licensed	Date Expires (if applicable)

RELEVANT SKILLS: Please list all your skills relevant to this position:
1. Skills with office machines & data entry (typewriter, 10 key, etc.) List computer programs
2. Other tools or equipment:

REFERENCES: List three (3) references that have knowledge of your ability to perform this job.		
Full Name	City / State	Telephone Number

AVAILABILITY:

Date you are available to start work: _____

Will you accept: _____ Full Time _____ Part Time (less than 40 hours per week)

Are you available to work all shifts (Including nights, weekends, holidays and rotating shifts)?

_____ Yes _____ No

WORK EXPERIENCE: *Instructions:* Beginning with today: 1) List every job held during the past seven years; 2) List each promotion as a separate position; 3) Account for all gaps in employment. You should also include any other experience (e.g., military or volunteer work) that you have which is relevant to the position for which you are applying. If the space provided is not adequate, you may respond to this section on a separate sheet of paper if all questions in the blocks are answered and the same format is followed. This information must be completed even if a resume or other application materials are submitted. **DO NOT ATTACH A RESUME IN LIEU** of this form.

*** NOTICE TO APPLICANTS:** Information that you provide on this application is subject to verification. Previous employers may be contacted as references and for verification.

Do you want to be informed before we contact your present employer? YES NO

Work Experience

Employer Name _____

Mailing Address _____

City/State/ZipCode _____

Phone Number _____

Dates Employed _____ to _____

Your Job Title _____

Your Supervisor _____

_____ Full Time _____ Part Time _____ Volunteer

Average Hours per Week _____

Describe your duties (knowledge, skills, abilities required, employees supervised or accomplishments)

Reason For Leaving:

Employer Name _____

Mailing Address _____

City/State/ZipCode _____

Phone Number _____

Dates Employed _____ to _____

Your Job Title _____

Your Supervisor _____

_____ Full Time _____ Part Time _____ Volunteer

Average Hours per Week _____

Describe your duties (knowledge, skills, abilities required, employees supervised or accomplishments)

Reason For Leaving:

Employer Name _____

Mailing Address _____

City/State/ZipCode _____

Phone Number _____

Dates Employed _____ to _____

Your Job Title _____

Your Supervisor _____

_____ Full Time _____ Part Time _____ Volunteer

Average Hours per Week _____

Describe your duties (knowledge, skills, abilities required, employees supervised or accomplishments)

Reason For Leaving

Employer Name	_____
Mailing Address	_____
City/State/ZipCode	_____
Phone Number	_____
Dates Employed	_____ to _____
Your Job Title	_____
Your Supervisor	_____
_____ Full Time	_____ Part Time
	_____ Volunteer
Average Hours per Week	_____
Describe your duties (knowledge, skills, abilities required, employees supervised or accomplishments)	
Reason For Leaving:	

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH PONDERA COUNTY? Yes____ No____

If "Yes", Date(s) applied: _____

Position(s) applied for: _____

IF RELATED TO ANYONE IN OUR EMPLOYMENT, GIVE NAME, DEPARTMENT AND RELATIONSHIP (include in-laws):

Have you been employed in Pondera County in the past? Yes____ No____ When_____

HAVE YOU BEEN CONVICTED UNDER ANY CRIMINAL LAW (including traffic violations) WITHIN THE PAST FIVE YEARS? (Exclude parking tickets) Yes No

(An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.) If "Yes", give when, where and the disposition of each case:

APPLICANT CERTIFICATION

Incomplete or Unsigned applications WILL NOT be considered!

I hereby certify that all information on this application and all attached materials are true, correct, and complete to the best of my knowledge and contain no falsifications or misrepresentations. I am aware that falsifications or misrepresentations may disqualify me from consideration for employment or, if hired, may be grounds for termination at a later date.

I have attached the following additional materials (check all that apply)

- Resume
 - Copy of current driver's license
 - Additional Work Experience Forms
 - Other (list) _____
-

I hereby give my authorization to Pondera County to complete a background check on myself.

Signature: _____ **Date signed:** _____