

# 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			

<b>OTHER TRAINING:</b> 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

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

<b>RELEVANT SKILLS:</b> 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:

<b>REFERENCES:</b> 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

\_\_\_\_\_



***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:** \_\_\_\_\_