

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:** _____ **EMAIL:** _____

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, 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:** _____