

FORMER EMPLOYERS (Most recent Employer first)

Date Month and Year	Name, Address and Phone # of Employer	Position	Reason For Leaving
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From _____

To _____

From _____

To _____

From _____

To _____

From _____

To _____

Which employers can we contact for a reference regarding your job performance? _____

REFERENCES: Give the names of three persons not related to you whom you've known at least one year.

Name	Address/Phone No.	Occupation	Number of Years Acquainted
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1. _____

2. _____

3. _____

In case of Emergency notify: _____
Name Address Phone No.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the County is intended to create an employment contract with the County and myself and does not bind either party for any specific period regarding employment. I understand that if I am hired, my employment will be conditional for up to three months pending the results of a Criminal Background Check.

As a condition of employment consideration, I understand and agree to submit to a drug and/or alcohol test. If the test results are positive, it is understood that I shall not be considered further for employment

If employed, I will be required to provide original documents that verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

In consideration of my employment, I agree to comply with all rules, regulations and employment policies of the employer. I hereby acknowledge that I have read and agree to the above statements.

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE

Interviewed by _____ Date _____

Hired _____ Yes _____ No _____ Position _____ Dept. _____

Salary/Wage _____ Date Reporting to Work _____

Approved: _____ Department Head