

PLEASE TYPE OR PRINT LEGIBLY IN INK.

Type of Employment Preferred

Indicate type of employment available to work.

- Full-time
- Part-time
- Temporary
- Summer Only
- Any of the above

Check Shifts available to work.

- 7am-3pm
- 8am-5pm
- 3pm-11:30pm
- 11pm-7:30am
- 6am-6pm
- 6pm-6am
- Weekends only
- Rotating Shift
- Other _____

How soon will you be available? _____ I do not wish to be considered for positions with a salary below \$ _____

Education

Circle highest grade completed. 1 2 3 4 5 6 7 8 9 10 11 12 Other 1 2 College 1 2 3 4 5 6 +

Do you have a high school diploma or equivalent? _____ Yes _____ No

Do you have a valid Driver's License? _____ Yes _____ No If yes, state issued by: _____

If yes, circle driver's license class: _____ Other _____

Endorsements? _____ Tanker _____ Air Brake Other _____

Please list all education beginning with high school.

Name and location Course of Study Total Hours Degree Completed

High School

Technical/Vocational

College

College

Graduate School

High school and/or college transcripts may be requested.

Employment

List all present and previous employment experiences including military and volunteer service. Additional employment sheets are available if needed. You may attach supporting documents (resume, letter of reference, etc.) but you must complete the employment section. This information will be used in reference checks necessary for further consideration. Failure to answer all items in the following section may eliminate you from further consideration. You must list sufficient employment experience, education, skills, and certifications in the following section to document that you meet the minimum qualifications for the position(s) for which you apply.

Employer

Job Title

If currently employed, may we contact for references? _____ Yes _____ No

Address (Street, City, State, Zip)

Salary: Beginning / Ending

()
Telephone

Name of Supervisor

Month Day Year To Month Day Year

Reason for Leaving

Full Time: _____ Part Time: _____ If part-time, how many hours per week? _____

Describe Duties: _____

Employer _____ **Job Title** _____
If currently employed, may we contact for references? Yes No

Address (Street, City, State, Zip) _____ Salary: Beginning _____ / _____ Ending _____
(_____) _____
Telephone _____ Name of Supervisor _____

Month Day Year To Month Day Year _____ Reason for Leaving _____

Full Time: Part Time: If part-time, how many hours per week? _____

Describe Duties: _____

Employer _____ **Job Title** _____
If currently employed, may we contact for references? Yes No

Address (Street, City, State, Zip) _____ Salary: Beginning _____ / _____ Ending _____
(_____) _____
Telephone _____ Name of Supervisor _____

Month Day Year To Month Day Year _____ Reason for Leaving _____

Full Time: Part Time: If part-time, how many hours per week? _____

Describe Duties: _____

Employer _____ **Job Title** _____
If currently employed, may we contact for references? Yes No

Address (Street, City, State, Zip) _____ Salary: Beginning _____ / _____ Ending _____
(_____) _____
Telephone _____ Name of Supervisor _____

Month Day Year To Month Day Year _____ Reason for Leaving _____

Full Time: Part Time: If part-time, how many hours per week? _____

Describe Duties: _____

Employer _____ Job Title _____
 If currently employed, may we contact for references? Yes No

Address (Street, City, State, Zip) _____ Salary: Beginning _____ / _____ Ending _____
 (_____)
 Telephone _____ Name of Supervisor _____

Month _____ Day _____ Year _____ To _____ Month _____ Day _____ Year _____ Reason for Leaving _____

Full Time: Part Time: If part-time, how many hours per week? _____

Describe Duties: _____

Employer _____ Job Title _____
 If currently employed, may we contact for references? Yes No

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Employer _____ Job Title _____
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Address (Street, City, State, Zip) _____ Salary: Beginning _____ / _____ Ending _____
 (_____)
 Telephone _____ Name of Supervisor _____

Month _____ Day _____ Year _____ To _____ Month _____ Day _____ Year _____ Reason for Leaving _____

Full Time: ____ Part Time: ____ If part-time, how many hours per week? _____

Describe Duties: _____

**CONSENT TO OBTAIN
BACKGROUND INVESTIGATION REPORTS**

I, _____, hereby authorize the County of Boone (employer) to obtain such background investigation reports on me as it deems necessary or advisable in connection with my application for employment (if I am an applicant) or at any time in connection with my employment (if I am hired or if I am a current employee). I understand that such reports are sometimes called "consumer reports" and may contain information about me concerning my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living and/or other job-related information. I understand the County of Boone (employer) is not responsible for the accuracy or completeness of the information contained in any such reports. I also understand that this consent is a continuing consent and will remain valid until such time as I inform the County of Boone (employer), in writing, that I wish to revoke this consent.

Signature _____

Date: _____

**APPLICANT CERTIFICATION AND
PRE-EMPLOYMENT INVESTIGATION AUTHORIZATION**

I certify that the statements contained in my employment application are correct, and if employed, understand that any false information in this application, or its supporting documents, will be sufficient grounds for termination without notice. I further agree that all rules, orders and regulations of the County of Boone affecting my employment shall constitute a part of my appointment or employment. My signature authorizes the County of Boone to review my previous employment, driving and criminal records, and other background data as it may relate to the position(s) for which I am applying.

Signature _____

Date: _____

Human Resources Use Only.

Typing score: % _____ WPM _____ Errors _____ Correct WPM _____ Date _____

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