

PLYMOUTH COUNTY APPLICATION FOR EMPLOYMENT

"PLYMOUTH COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER"
Federal and State law prohibit discrimination on the basis of race, religion, sex, age, national origin, marital status or mental or physical disability. No question on the application is intended to secure information to be used for such discrimination.

(Please print or type all information except signature.)

GENERAL INFORMATION

Date _____

Position(s) Applied For: _____

Name _____

Address _____

Social Security Number _____

Home Telephone _____

Cell Phone _____

E-mail address _____

Have you ever filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Are you currently employed? Yes No If yes, may we contact your current employer? Yes No

Are you a United States citizen? Yes No If no, do you have a work permit? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

Employment desired: Full-time Part-Time Temporary

When are you available for work? _____

Can you travel if a job requires it? Yes No

Have you ever been convicted of a felony? Yes No
If yes, please explain _____

Are you a veteran of the United States military service? Yes No
If yes, please list what branch of service and years of service _____

If yes, did you receive an honorable discharge? Yes No

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	# OF YEARS	MAJOR or DEGREE
High School				
College				
Graduate School				
Bus. Or Trade School				
Professional School				

COMPUTER SKILLS (Only for positions which require computer skills)

Check off those computers skills with which you are proficient (any version).

PC Users Macintosh User Windows Microsoft Word Microsoft Access

Microsoft Excel Microsoft Publisher Web Page Design/Maint. E-mail Internet

Other. Please list _____

DRIVER'S LICENSE (Only for positions which require driving)

Do you have a driver's license? Yes No

Driver's License # _____ State of issue _____

Operator Commercial (CDL) Chauffeur

Expiration Date _____

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the past three years? Yes No How many? _____

OTHER SPECIAL SKILLS

Please list other special skills you may have, e.g. fluency in other languages, licenses, specialized training, apprenticeships, or job related military training.

WORK EXPERIENCE

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Exclude organization names which indicate race, religion, color, national origin, age, sex, disability, sexual orientation, or veteran's status.

Employer:	
Address:	
Job Title:	Supervisor:
Dates of Employment : From: To:	Rate of Pay: Starting: Ending:
Work Performed:	
Reason for Leaving:	

Employer:	
Address:	
Job Title:	Supervisor:
Dates of Employment : From: To:	Rate of Pay: Starting: Ending:
Work Performed:	
Reason for Leaving:	

Employer:	
Address:	
Job Title:	Supervisor:
Dates of Employment : From: To:	Rate of Pay: Starting: Ending:
Work Performed:	
Reason for Leaving:	

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

References

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone _____	Telephone _____

WAIVERS AND DISCLOSURES

Please read each section carefully and sign below.

AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature of Applicant

Date

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Thank you for applying to Plymouth County.