

DODGE COUNTY
Equal Employment Opportunity Employer

Application for Employment

This application is good for 90 days.

Dodge County assures equal employment opportunity to applicants and employees in all aspects of personnel administration without regard to political affiliation, race, color, national origin, sex, age, marital status, mental or physical disability, religion, or any other prohibited basis of discrimination, as provided under applicable state and federal law.

FEDERAL LAW OBLIGATES US TO PROVIDE REASONABLE ACCOMMODATION TO THE KNOWN DISABILITIES OF APPLICANTS AND EMPLOYEES, UNLESS TO DO SO WOULD POSE AN UNDUE HARDSHIP. PLEASE FEEL FREE TO LET US KNOW IF YOU NEED AN ACCOMMODATION TO COMPLETE THE APPLICATION PROCESS OR TO PERFORM ANY ESSENTIAL ELEMENTS OF THE POSITION SOUGHT.

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

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

Applicant's Name: (Last, First, Middle Initial): _____

Street Address: _____

City, State, Zip Code: _____

Home Telephone Number: _____ Work Telephone Number: _____

Mobile Telephone Number: _____ E-mail: _____

Position Applied For: Full-time Staff Position Date Available for Work: _____

Are you legally able to work in the United States? Yes No

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired.

Have you ever been convicted of a violation of law other than a minor traffic violation? Yes No

If yes, please explain: _____

EMPLOYMENT RECORD

List the employment positions you have held, starting with your present employment. If more than one position or classification has been held with a given organization, list each position or classification as a separate period of employment. Under "Specific Duties," describe clearly the tasks you performed and the nature of your supervisory, technical, or other responsibilities. Please be complete. Your employment history may be verified by contacting previous employers unless you request otherwise. Volunteer, military, or unpaid experience will be evaluated in the same manner as paid employment and should be entered in the same manner. If you need more space, attach a separate sheet of paper. Please exclude organization names that indicate, for example, race, color, religion, sex, disability, or national origin.

Employment Information	Description of Duties
Employer/Kind of Business	Position Title
Street Address	Specific Duties
Immediate Supervisor/Title	Telephone Number
Dates of Employment (Month/Year) From: _____ To: _____	Hourly Rate/Salary Starting: _____ Final: _____
Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/>	
Reason for Leaving	
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EDUCATION/SKILLS RECORD

Please list education or specialized experience that relates to the position(s) for which you are applying. Exclude names or terms that indicate, for example, race, color, religion, sex, disability, or national origin.

Circle Highest Grade Completed: 6 7 8 9 10 11 12 College: 1 2 3 4 5

Degree
Received?

	Name of School	From	To	Major	Yes	No
Last High School						
Vocational/Technical School						
College/University						

Have you had training/course work or experience in (please check those that apply):

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Typing | <input type="checkbox"/> Word Processing | <input type="checkbox"/> Database Entry | <input type="checkbox"/> PC Computer |
| <input type="checkbox"/> Adding Machine | <input type="checkbox"/> Powerpoint | <input type="checkbox"/> Spreadsheets | <input type="checkbox"/> Desktop Publishing |

Please list any other types of equipment you can operate or skills you possess, which you feel would be an asset in the position for which you are applying: _____

LICENSES AND CERTIFICATES

If a license, certificate, or other authorization to practice a trade or profession is required for the position for which you are applying, complete the following questions:

Name of Trade or Profession	License Number
Granted by	City and/or State
Specialty	Licensed From: _____ To: _____

APPLICANT'S STATEMENT

These answers are true and complete to the best of my knowledge. I understand that any false information provided in this application or during the interview process will result in rejection of my application or termination of my employment if I am hired, regardless of when discovered.

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the County to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required, depending upon County policy. I authorize the County to make a thorough investigation of my past employment, education, and job-related activities, and I release from all liability all persons, companies, and corporations providing such information, either in writing or orally. I also indemnify this County against any liability that might result from making such investigation.

Additionally, I authorize the County to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party with an interest that the County deems appropriate.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between Dodge County and myself for either employment or for the providing of any benefit arising from employment. No promises regarding employment have been made to me. I understand that if an employment relationship is established, I have the right to terminate my employment at any time and Dodge County retains the same right, regardless of any oral representations to the contrary. Any changes in this employment relationship must be made in writing.

SIGN HERE _____
Applicant's Signature (Use Ink)

_____ Date

NOTE: UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED