

[Name of County]
Equal Employment Opportunity Employer
[EXCLUDES CRIMINAL HISTORY INQUIRY]

Application for Employment

This application is good for [Number] days or until the position is filled.

[Name of 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, pregnancy, mental or physical disability, genetic information, religion, military status, gender identity, sexual orientation, 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.

Type of Work Desired (CHECK ALL THAT APPLY):

Full-Time Part-Time Regular Temporary

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: _____

Position Applied For: _____ Date Available for Work _____

How did you learn about the job you have applied for? (Be specific as to the source.) _____

Are you legally authorized 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 if you receive an offer of employment.

This position is subject to a veterans preference. Are you eligible for and requesting a veterans preference? Yes

[A veteran requesting preference must submit with his/her Application for Employment a copy of the veteran's Department of Defense Form 214. A spouse of a veteran requesting preference must submit with his/her Application for employment a copy of the veteran's Department of Defense Form 214, a copy of the veteran's disability verification from the United States Department of Veteran Affairs demonstrating a 100 percent permanent disability rating, and proof of marriage to the veteran.]

EMPLOYMENT RECORD

List below the 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. 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	
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	
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	

Employment Information	Description of Duties
Employer/Kind of Business	Position Title
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	

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 ___ Did You Graduate? ___ Yes ___ No

Post- High School	Name of School	Major	Degree Type
College/University			
Graduate School			

If required by the job you have applied for, have you had training/course work or experience in (please check those that apply):

- Typing Word Processing Data Entry PC/Computer Terminal
 Calculator/Adding Machine Dictation Equipment Shorthand/Speedwriting

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, omitted, or misleading information in connection with 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, criminal history, job-related activities, and other relevant background information, 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. Furthermore, 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 [Name of 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 [Name of County] retains the same right, regardless of any oral representations to the contrary. Any changes in this "at will" employment relationship must be made in writing and approved by the County Board.

**SIGN
HERE**

Applicant's Signature (Use Ink)

Date

NOTE: UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.

Pawnee County may use the following Reference Check to check references you have listed on the application. Please read it. Then please complete only the bottom section of this page under Authorization for Reference Check and Release.

REFERENCE CHECK AND RELEASE OF LIABILITY

Please release to Pawnee County the following information concerning my previous employment:

Name while employed: _____

Date employed: From: _____ To: _____

Position or positions held: _____

Reasons for leaving: _____

Eligible for rehire? _____

Rating on Last Evaluation:

Please evaluate my performance as follows:

Quantity of Work Good _____ Average _____ Poor _____

Quality of Work Good _____ Average _____ Poor _____

Attendance Good _____ Average _____ Poor _____

Signed: _____ Title: _____ Date: _____

Company: _____

AUTHORIZATION FOR REFERENCE CHECK AND RELEASE

I have applied to Pawnee County for Employment consideration. In order for the County to evaluate my qualifications, please complete the above- requested information.

I authorize Pawnee County to perform all checks of my credentials as allowed by law, including, but not limited to, discussions with supervisors, co-workers, friends, business associates, former employers, or other individuals that Pawnee County, in its sole discretion, believes may have relevant information regarding my suitability for employment. I agree not to assert any claims or causes of action of any kind against Pawnee County, its agents, its employees, or any individuals and companies contacted by Pawnee County arising out of Pawnee County's investigation.

I further release and forever discharge Pawnee County, its agents, its employees, and the individuals and companies contacted by Pawnee County as part of its investigation from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever arising from Pawnee County's investigation of my credentials. I acknowledge that Pawnee County has made no representations of any kind as to whether employment will be offered at the conclusion of its investigation.

I acknowledge that I have read and understand each of the above statements.

Name of applicant (print): _____

Signature of Applicant: _____

Date: _____

Confidential
Employee EEO Data Survey
(For EEO-4 Report)

PAWNEE COUNTY

To All Employees (Excluding Elected Officials):

The County is subject to certain governmental recordkeeping/reporting requirements for the administration of civil rights laws. In order to comply with these laws, the employer invites applicants to voluntarily self-identify their gender and race/ethnicity. Submission of this information is voluntary. Refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential. It may only be used in accordance with the provisions of applicable laws, including those that require the information to be summarized and reported to the federal, state, or local government for civil rights enforcement. Reported data will not identify any specific individual.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

Name (Print) _____

A. **Gender:** Male Female

B. **Race/Ethnicity:**

Check **only one** ethnic group below—**the one with which you most closely identify.**

1. **Hispanic or Latino.** *If you mark this box, skip to the end and sign and date.*
Definition: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. **White (Not Hispanic or Latino).**
Definition: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
3. **Black or African American (Not Hispanic or Latino).**
Definition: A person having origins in any of the black racial groups of Africa.
4. **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino).**
Definition: A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
5. **Asian (Not Hispanic or Latino).**
Definition: A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
6. **American Indian or Alaska Native (Not Hispanic or Latino).**
Definition: A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
7. **Two or More Races (Not Hispanic or Latino).**
Definition: All persons who identify with two or more of the above race/ethnicity categories.