



County of Waldo

Application for Employment

Equal Opportunity Employer – All qualified applicants will receive consideration for employment without regard to race, age, religion, ancestry, color, sex, national origin, genetics, disability status, protected veteran status, or any other characteristic protected under local, state or federal law.

Applications with missing information will be considered incomplete and will not be processed. All sections must be addressed.

Last Name: _____ First: _____ M.I. _____

Address: _____ Apt. _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Cell Phone #: _____

Email address: _____

Position Applied for: _____

Employment History

Please list your complete employment history. Along with full-time, please also include seasonal, part-time, military service, and any volunteer work.

Employer Name and Address		Employed (Mo. & Yr.) From: _____ To: _____
Job Title:	Supervisor's Name	
Summarize the work performed and job responsibilities:		
Reason for Leaving:		

Employer Name and Address		Employed (Mo. & Yr.) From: To:
Job Title:	Supervisor's Name	
Summarize the work performed and job responsibilities:		
Reason for Leaving:		
Employer Name and Address		Employed (Mo. & Yr.) From: To:
Job Title:	Supervisor's Name	
Summarize the work performed and job responsibilities:		
Reason for Leaving:		

Education

	Name/Location	Years Completed	Course of Study	Diploma/ Degree/ Certification
High School				
College or University				
Business or Trade School				
Other Licenses or Certifications				

Personal Information:

Are you able to perform the essential functions of the position you are applying for with or without reasonable accommodation? Yes ___ No ___

Identify any accommodation that would be required: _____

Are you eligible to work in the U.S? ___ Yes ___ No

Are you at least 18 years of age? ___ Yes ___ No
(If no, you may be required to provide authorization to work)

Do you currently hold a valid driver's license? Yes ___ No ___

If yes: State: _____ License Number: _____
Is your license currently under suspension? Yes ___ No ___

Do you have any relatives or friends currently working for the County of Waldo?
Yes ___ No ___

If yes:

Name	Relationship	Department

Are you presently employed? ___ Yes ___ No If so, may we contact your present employer?
___ Yes ___ No

Are you currently on lay-off and subject to recall? Yes ___ No ___

References

Please include work and one (1) personal reference. No Relatives.

Name:	Years Known and How	Telephone

Please handwrite a brief statement as to why you are interested in this particular position and the qualifications that make you the best candidate:

Applicant's Certification and Agreement

I voluntarily give the County of Waldo the right to make a thorough investigation of my past education and employment activities, criminal history, records of civil actions in which I was a defendant or respondent, driving history and medical or personal history that is job related. I agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies and corporations supplying such information. I further agree to release the County of Waldo from any and all liability and claims arising from the County of Waldo's good faith reliance upon information obtained during this background check and investigation.

I understand that a medical examination based on the requirements of the position for which I am being considered may be required.

I understand that if I accept employment with the County of Waldo, my employment is entirely at will and there is no contract expressed or implied for continued employment. I further understand that my employment can be terminated with or without cause and with or without notice, at any time.

I certify that the above information and any information provided on my application are true and accurate to the best of my knowledge. I understand that if I misrepresent or deliberately leave out a fact in my application or résumé, I may be refused employment or, if I am employed, I may be terminated immediately. I agree to release the County of Waldo from any and all liability and claims if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application.

Signature

Date

RELEASE OF LIABILITY & WAIVER

I hereby authorize the County of Waldo bearing this release, or a copy of it, within one year of its date, to obtain any information in your file pertaining to my employment, personnel records, professional standards/Internal Affairs records, criminal history records, driving record, military records or educational records. This includes, but is not limited to, academic achievement records, personal history, performance report, background investigations, polygraph examination results, any and all internal affairs investigations and disciplinary files which are deemed to be confidential and/or sealed. This also includes reference information, whether written or verbal, from any current or past employers and educational institutions.

I hereby direct you to release this information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for official use of the Waldo County Sheriff's Office. Consent is granted to the Waldo County Sheriff's Office to furnish the information described above to third parties in the course of fulfilling its official responsibilities.

I hereby release you as custodian of such records, and any educational institution, consumer reporting agency, business establishment, or public entity including its officers, agents, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Full Name (Please print): _____

Current Address: _____

Home Phone: _____ Cell Phone: _____

Social Security Number: _____ DOB: _____

Signature: _____ Date: _____

NOTICE: This liability waiver and the information obtained from it will be utilized for the purpose of conducting a pre-employment background check only.