



# 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 \_\_\_



## **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.

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Signature

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Date