

Application For Employment



WASHINGTON COUNTY

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Positions(s) Applied For		Date of Application
How did you learn about us?		
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Relative	<input type="checkbox"/> Advertisement
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other

Last Name		First Name		Middle Name
Address	Number	Street	City	State Zip Code
Telephone Number(s)			Email Address	

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No

If yes, give date _____

Have you ever been employed with us before? ☐ Yes ☐ No

If yes, give date _____

Do any of your friends or relatives, other than spouse, work here? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No

Proof of citizenship or immigration status will be required upon employment.

Date available for work ____ / ____ / ____ What is your desired salary range? _____

Are you available to work: ☐ Full-Time ☐ Part-Time ☐ Shift Work ☐ Temporary

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Elementary School	High School	Undergraduate College/University	Graduate/Professional
School Name and Location				
Years Completed		9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Diploma Degree				
Describe Course of Study				

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				I did plent odaudfidsfidskifdkslfjdkslfkldsjsdf jsdkfj sd f dsakfidsjfdsklfjdas f sdfaklsdjfdkslfj adsjkrfdjskifjsklfjsdklifsdklifsdklifsdkalk dajdfjskadlfjdklas adsfdsjkfjklidsfjds asdjfkldjfkldasdjfas
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
Comments: Include explanation of any gaps in employment.				

Additional Information

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any job-related training received in the United States military.

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:

Other Qualification. Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills (Check Skills/Equipment Operated)

<input type="checkbox"/> PC	<input type="checkbox"/> Microsoft Word	Production/Mobile Machinery (list):	Other (lists):
<input type="checkbox"/> Calculator	<input type="checkbox"/> Microsoft Excel		
<input type="checkbox"/> Ten-Key	<input type="checkbox"/> Microsoft Office		
<input type="checkbox"/> Typing WPM _____	<input type="checkbox"/> Multi-line Phone System		
	<input type="checkbox"/> Fax		
State any additional information you feel may be helpful to us in considering your application.			

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?

☐ Yes ☐ No

References

1. _____ (Name) (_____) Phone # _____
_____ (Address) _____ (Title)
2. _____ (Name) (_____) Phone # _____
_____ (Address) _____ (Title)
3. _____ (Name) (_____) Phone # _____
_____ (Address) _____ (Title)

Applicant's Statement & Acknowledgement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 6 months. 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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand and agree, if required for this position, I will authorize my employment eligibility verification under Federal Department of Homeland Security Regulation, a pre-employment driving record check, pre-employment physical and/or criminal history check. And, in accordance with the County's adopted policies, I will submit to a pre-employment drug/alcohol screening as well as any (if hired) employee required drug/alcohol screenings (random or reasonable suspicion). I understand and agree that if I refuse to submit to such physical, drug/alcohol screening, driving record check, or criminal history check, I will not be eligible for further consideration for employment. I also understand that if employed, refusal to submit to such exams or a positive result on a drug/alcohol screening will be grounds for disciplinary action, which may include termination of my employment.

Signature of Applicant

Date

Washington County Sheriff's Office

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the _____ and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, 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 attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: _____

Date of Birth _____

Address: _____

SS # _____ - _____ - _____ Driver's License # _____

Telephone Number: _____

Applicant's Notarized Signature: _____

Sworn to and signed before me, on this the _____ day of _____,
in and for _____ county, in the state of _____.

NOTARY SEAL

Signature of Notary Public: _____

Printed Name of Notary Public: _____

My Commission Expires: _____