



## ADAMS COUNTY GOVERNMENT Application for Employment

Adams County does not discriminate upon the basis of race, age, gender, religion, national origin, disability or any other characteristic protected by law. Adams County will provide reasonable accommodations to qualified individuals with disability.

Please print or type responses to all the questions contained on the entire application form. Any application not completed in its entirety will be disqualified.

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_/\_\_\_/\_\_\_

How did you learn about us:     Advertisement     Relative/Friend     Agency     Other \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail 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

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

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

Are you currently employed?.....  Yes     No

May we contact your current employer?.....  Yes     No

Are you prevented from lawfully becoming employed in this country  
Because of Visa or Immigration Status? (Proof of citizenship status will be required).....  Yes     No

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

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

Date you are available to work: \_\_\_/\_\_\_/\_\_\_                      What is your desired salary range: \_\_\_\_\_

Are you available to work:     Full-Time (please indicate 1 2 3 shift)

Part-Time (please indicate Mornings Afternoon Evenings)

Temporary (please indicate dates available \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_)

## **EDUCATION**

	<b>Name and Address Of School</b>	<b>Course of Study</b>	<b>Number of Years Completed</b>	<b>Diploma/Degree</b>
<b>Elementary School</b>				
<b>High School</b>				
<b>Undergraduate School</b>				
<b>Graduate School</b>				
<b>Other (Specify)</b>				

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

**Describe any job-related training received in the United States Military:**

**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: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Hourly Starting Pay/Salary: \_\_\_\_\_ Ending Pay/Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Dates Employed: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Hourly Starting Pay/Salary: \_\_\_\_\_ Ending Pay/Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Dates Employed: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Hourly Starting Pay/Salary: \_\_\_\_\_ Ending Pay/Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Dates Employed: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Hourly Starting Pay/Salary: \_\_\_\_\_ Ending Pay/Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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List any professional, trade, business or civic activities and offices held: \_\_\_\_\_

\_\_\_\_\_

**OTHER QUALIFICATIONS**

Summarize special job-related skills and qualifications acquired from employment or other experience:

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: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

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2. Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

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3. Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

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## **APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete.

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 90 days. 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. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive, or body, of this organization.

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.

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Signature of Applicant

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Date