

# MONTAGUE COUNTY Employment Application

Date of Application: \_\_\_\_\_

MONTAGUE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER. Applicants are considered for all positions without regard to race, color, religion, sex, age, national origin, citizenship status, or disability, or any other factor protected by applicable federal, state or local law.

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

If hired, can you prove that you are authorized to work in the United States? YES ☐ NO ☐ Have you ever been terminated from or asked to leave any job? YES ☐ NO ☐

Have you ever worked for this county? YES ☐ NO ☐ If yes, when? \_\_\_\_\_

Are you employed now? YES ☐ NO ☐ Are you available to work: Full Time ☐ Part-Time ☐ Temporary ☐

Have you been convicted of or received deferred adjudication for or plead guilty or no contest to a misdemeanor or felony? (Answering yes to this question does not constitute an automatic bar to employment.)

YES  
☐

NO  
☐

If Yes, please provide the following information:

Date of Conviction/Plea \_\_\_\_\_

Charge \_\_\_\_\_

Location \_\_\_\_\_

Sentence/Outcome \_\_\_\_\_

## Education Information

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Diploma: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

### References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

### Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐ Eligible for Rehire? \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐ Eligible for Rehire? \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐ Eligible for Rehire? \_\_\_\_\_

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Special Skills and Qualifications**

Summarize special skills and qualifications acquired from employment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in becoming an employee of Montague County?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your career goals?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where did you obtain information about this position?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any additional information you believe would be helpful:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### **Applicant's Certification and Disclaimer**

I certify that all answers given and statements made in this Application for Employment are true and complete to the best of my knowledge. I understand that if I provide false or misleading information or willfully omit information in this Application for Employment, on my resume, during my interview, or during my employment, if hired, I may be denied employment or subject to discipline, up to and including immediate termination of employment.

I authorize Montague County to investigate and verify all statements contained in this Application for Employment and all data that I provide to Montague County. I authorize all individuals, educational institutions, and employers named in this Application for Employment, except my current employer if noted, to provide information requested about me. I release AND AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS said individuals, educational institutions, and/or employers from any and all claims, liability and/or responsibility arising out of relating to the release or receipt of such information.

This Application for Employment shall be considered active for a period not to exceed 45 days. I understand that if I wish to be considered for employment beyond this time period, I should inquire as to whether or not applications are being accepted at that time.

I understand that if I am hired, my relationship with Montague County will be at-will, meaning that either I or Montague County may terminate my employment and compensation at any time, for any reason or no reason, with or without cause or notice. I understand that my employment may be terminated by Montague County without advance notice or liability to me for wages or salary other than that earned by me prior to the termination of my employment or for providing any benefit unless a specific document to that effect is executed by both Montague County and me in writing.

I have consented to have a drug and alcohol screening test and understand that it is required as a condition of employment.

I will not resign from my present position until final notification is given by Montague County that I have been accepted for employment. I understand that should I be employed, I may be given access to confidential information, and agree to comply with Montague County's policy against such information to outside parties without out prior consent of Montague County. Any breach of this covenant may result in immediate termination.

I understand that to be employed, I must be authorized to work in the United States, and must provide documents to establish my ability to work in the United States.

In the event of employment, I understand that I am required to abide by all policies, rules, and regulations of Montague County. Furthermore, I understand that my employment, if any, is not for a stated period.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_