



Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability?  YES  NO

If Yes, please explain. \_\_\_\_\_

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

NAME	ADDRESS	PHONE	RELATIONSHIP	HOW LONG KNOWN
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you related to anyone presently working for Grant County?  YES  NO

NAME	RELATIONSHIP	DEPARTMENT
_____	_____	_____

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities which are relevant to the job applied for.

<b>Employer</b>	Dates Employed	Work Performed
	From                  To	
Address		
Job Title	Hourly Rate/Salary	
	Starting                  Final	
Supervisor		
Reason for Leaving		
<b>Employer</b>	Dates Employed	Work Performed
	From                  To	
Address		
Job Title	Hourly Rate/Salary	
	Starting                  Final	
Supervisor		
Reason for Leaving		
<b>Employer</b>	Dates Employed	Work Performed
	From                  To	
Address		
Job Title	Hourly Rate/Salary	
	Starting                  Final	
Supervisor		
Reason for Leaving		

<b>Employer</b>	<b>Dates Employed</b>	<b>Work Performed</b>
	From                      To	
Address		
Job Title	<b>Hourly Rate/Salary</b>	
	Starting                      Final	
Supervisor		
Reason for Leaving		

If you need additional space, please continue with a separate sheet of paper.

**Special Skills and Qualifications:**

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

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**Education**

	Elementary	High School	College/University	Graduate/Professional
	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
School Name				
Years Completed: (circle)				
Diploma/Degree				
Describe Course of Study				

Honors Received

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**State any additional information you feel may be helpful to us in considering your application or attach a resume to this application.**

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# AGREEMENT

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. I understand that this application is not and is not intended to be a contract of employment. If employment is offered, no contractually binding relationship between either the employer or employee shall exist, so that the employee has the right to quit at any time, and the employer has the right to terminate the employee at any time for any or no reason, reasonable under law.

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 County. I understand that employment may depend upon the results of physical examinations, drug-tests, or other types of pre-employment (post-offer) tests, and that drug tests may be given randomly at the employer's discretion.

My signature on this application authorizes the county to perform reference checks and background checks on me.

This application will be valid for 6 months from the date of signature.

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**Signature of Applicant**

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**Date**