

CAMPBELL COUNTY WEED & PEST DISTRICT

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applications be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on the application. **PLEASE PRINT**, except for the signature at the bottom of the application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preference or discrimination based upon non-job-related information.

Job Applied For _____ Today's Date _____

Are you seeking: Full-time ___ Part-time ___ Seasonal ___ employment? When can you start _____

| Last Name | First Name | Middle Initial | Phone Number |
|-----------|------------|----------------|--------------|
|-----------|------------|----------------|--------------|

| Mailing Address | City | State | Zip Code |
|-----------------|------|-------|----------|
|-----------------|------|-------|----------|

Are you 18 years of age or older?..... Yes ___ No ___

If hired, can you furnish proof you are eligible to work in US..... Yes ___ No ___

Were you ever employed here? Yes ___ No ___ If yes, when? _____

Have you ever been convicted of any law violation?

Include any plea of "guilty" or "no contest". Exclude minor traffic violations Yes ___ No ___

If yes, give details _____

(A conviction will not necessarily disqualify an applicant for employment)

If employed, do you expect to be engaged in any additional business or employment? Yes ___ No ___

If yes, give details _____

For Driving positions ONLY

Do you have a valid Driver's License?.....Yes ___ No ___

Driver's License Number _____ Issuing State _____

Have you had your driver's license suspended or revoked in the last 3 years?..... Yes ___ No ___

If yes, give details _____

List professional, trade, business, or civic activities and offices held. Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, or other protected status.

List names of schools

High School or GED _____ Circle highest level completed 9 10 11 12

College or University _____ Circle highest level completed 1 2 3 4

Graduate School _____ Circle highest level completed 1 2 3 4

Vocational or Technical _____ Circle highest level completed 1 2

What skills or additional training do you have that relate to the job for which you are applying?

What machines or equipment can you operate that relate to the job for which you are applying?

List names of employers starting with your present or most recent employer first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give business name and supply business references.

Name of Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Dates of Employment From: _____ To: _____ Reason for Leaving: _____

Name of Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

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Name of Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Dates of Employment From: _____ To: _____ Reason for Leaving: _____

Have you worked or attended school under any other name?.....Yes ___ No ___

If yes, give names: _____

Are you currently employed?Yes ___ No ___

If yes, can we contact? Yes ___ No ___ Name of Contact: _____

Please give 3 references, not relatives or former employers.

Name _____ Phone number _____

Address _____

Name _____ Phone number _____

Address _____

Name _____ Phone number _____

Address _____

PLEASE READ EACH STATEMENT BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand that if I am extended an offer of employment, it may be conditional upon my successfully passing any pre-required pre-employment testing. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand that I may be required to successfully pass a drug screening exam. I hereby consent to a pre-and/or post- employment drug screen as a condition of employment if required.

I understand that this application, verbal statements by management, or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time. Only the Campbell County Weed & Pest District Board has the authority to enter into an agreement of employment for any specified period and such agreement must be in writing, signed by the Chairman and the employee. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time.

I have read, understand, and by my signature, consent to these statements.

Signature _____ Date _____