



# Fallon County Employment Application

## An Equal Opportunity Employer

**IMPORTANT:** Please type or print in ink. You must sign and date each application you submit.

**Late, incomplete, or unsigned applications will not be considered.**

<b>Position Applied For:</b> _____				<b>Date of Application:</b> _____	
Last Name		First Name		Middle Name	
Mailing Address			City	State	Zip Code
Home Phone Number		Cell Phone Number		Other Phone Number	

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

Have you filed an application with us before? \_\_\_ Yes \_\_\_ No  
 If yes, provide date(s) \_\_\_\_\_

Have you ever been employed with us before? \_\_\_ Yes \_\_\_ No  
 If yes, provide date(s) \_\_\_\_\_

Do any of your friends, relatives or spouse work here? \_\_\_ Yes \_\_\_ No

Do you want to be informed before we contact your present employer? \_\_\_ Yes \_\_\_ No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you available to work:  Full Time  Part Time  Temporary  Seasonal

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

Can you travel if the job requires it? \_\_\_ Yes \_\_\_ No

Have you been convicted of a felony that did or could have resulted in imprisonment in a Federal or state penitentiary? \_\_\_ Yes \_\_\_ No  
(A criminal record does not preclude employment and will be considered only as it relates to the job in question)

The information you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment with Fallon County or, if hired, may be grounds for termination at a later date.

With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me to Fallon County or its agents and employees. I release all persons or companies from any liability or responsibility for providing such information.

**Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

*In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.*

**Education**

High School Name and Address \_\_\_\_\_

Received Diploma? \_\_\_\_ Yes \_\_\_\_ No

GED? \_\_\_\_ Yes \_\_\_\_ No

College, University and Other Schools Name and Location	Dates Attended Month/Year	Degree/Certificate Received and Date

**Describe any specialized training, apprenticeships or internships you attended/completed; please include location and dates of attendance.**


**List current Professional Licenses, Registrations, or Certifications (engineering, medical, CPA, CDL, etc.); include licensing agency name, type of license, endorsement/restriction (if applicable) and date licensed.**


**Specialized Skills - Office**

\_\_\_\_ PC/MAC      \_\_\_\_ Excel      \_\_\_\_ Adobe Acrobat      \_\_\_\_ Word  
\_\_\_\_ Typewriter      \_\_\_\_ Access      \_\_\_\_ Power Point  
WPM \_\_\_\_      \_\_\_\_ Publisher      \_\_\_\_ Other office equipment or software: \_\_\_\_\_  
\_\_\_\_\_

**Specialized Skills – Heavy Equipment and Related**

\_\_\_\_ Dump Truck      \_\_\_\_ Blade      \_\_\_\_ Scraper      \_\_\_\_ Semi-Truck  
\_\_\_\_ Dozer      \_\_\_\_ Snow Plow      \_\_\_\_ Skid steer      \_\_\_\_ Loader  
\_\_\_\_ Packer      \_\_\_\_ Manual Labor      \_\_\_\_ Other equipment or related skills: \_\_\_\_\_  
\_\_\_\_\_

**Employment Experience:** Start with your present or most recent job. List each promotion as a separate position. Include any job-related military service assignments and volunteer activities. If you need additional space, please continue on additional paper using the same format. You must complete this information even if you submit a resume.

**Name and Complete  
Address of Employer**

Your Job Title: \_\_\_\_\_ Dates Employed \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_  
Month Year Month Year  
\_\_\_\_ (\_\_\_\_) \_\_\_\_ Full Time \_\_\_\_ Part Time \_\_\_\_ Volunteer

Immediate Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

**Describe your duties in detail:**

**Reason for Leaving:**

**Name and Complete  
Address of Employer**

Your Job Title: \_\_\_\_\_ Dates Employed \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_  
Month Year Month Year  
\_\_\_\_ (\_\_\_\_) \_\_\_\_ Full Time \_\_\_\_ Part Time \_\_\_\_ Volunteer

Immediate Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

**Describe your duties in detail:**

**Reason for Leaving:**

**Name and Complete  
Address of Employer**

Your Job Title: \_\_\_\_\_ Dates Employed \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

Month Year Month Year  
Full Time Part Time Volunteer

( )  
Immediate Supervisor Phone Number

**Describe your duties in detail:**

**Reason for Leaving:**

**Name and Complete  
Address of Employer**

Your Job Title: \_\_\_\_\_ Dates Employed \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_  
Month Year Month Year

( )  
Immediate Supervisor Phone Number  
Full Time Part Time Volunteer

**Describe your duties in detail:**

**Reason for Leaving:**

Fallon County is committed to providing reasonable accommodations to applicants and employees with disabilities in accordance with federal and state laws. Reasonable accommodations are available upon request.

Contact Human Resources for more information.