# Hayes County **Equal Employment Opportunity Employer**

### **Application for Employment**

This application is good for 6 months or until the position is filled.

**Hayes County** assures equal employment opportunity to applicants and employees in all aspects of personnel administration without regard to political affiliation, race, color, national origin, sex, age, marital status, pregnancy, mental or physical disability, religion, military status, or any other prohibited basis of discrimination, as provided under applicable state and federal law.

FEDERAL LAW OBLIGATES US TO PROVIDE REASONABLE ACCOMMODATION TO THE KNOWN DISABILITIES OF APPLICANTS AND EMPLOYEES, UNLESS TO DO SO WOULD POSE AN UNDUE HARDSHIP. PLEASE FEEL FREE TO LET US KNOW IF YOU NEED AN ACCOMMODATION TO COMPLETE THE APPLICATION PROCESS OR TO PERFORM ANY ESSENTIAL ELEMENTS OF THE POSITION SOUGHT.

Position applying for:
Have you ever been employed here before? □ Yes □ No If yes, give date:
Have you filed an application here before? ☐ Yes ☐ No If yes, give date:
Applicant's Name (Last, First, Middle Initial):
Street Address:
City, State, Zip Code:
Home Telephone Number: Work Telephone Number:
Position Applied For: Date Available for Work
Are you legally authorized to work in the United States? ☐ Yes ☐ No
If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired if you receive an offer of employment.  This position is subject to a veteran's preference. Are you eligible for and requesting a veteran's preference?   Yes
[A veteran requesting preference must submit with his/her Application for Employment a copy of the veteran's Department of Defense Form 214. A spouse of a veteran requesting preference must submit with his/her Application for employment a copy of the veteran's Department of Defense Form 214, a copy of the veteran's disability verification from the United States Department of Veteran Affairs demonstrating a 100 percent permanent disability rating, and proof of marriage to the veteran.]

#### EMPLOYMENT RECORD

List below the positions you have held, starting with your present employment. If more than one position or classification has been held with a given organization, list each position or classification as a separate period of employment. Under "Specific Duties," describe clearly the tasks you performed and the nature of your supervisory, technical, or other responsibilities. Please be complete. Your employment history may be verified by contacting previous employers unless you request otherwise. Volunteer, military, or unpaid experience will be evaluated in the same manner as paid employment and should be entered in the same manner. If you need more space, attach a separate sheet of paper. Please exclude organization names that indicate, for example, race, color, religion, sex, disability, or national origin.

Employment Information	Description of Duties					
Employer/Kind of Business	Position Title					
Street Address	Specific Duties					
Immediate Supervisor/Title	Telephone Number					
Dates of Employment (Month/Year) From: To:	Hourly Rate/Salary (optional) Starting: Final:					
Part-Time						
Reason for Leaving						
Employment Information	Description of Duties					
Employer/Kind of Business	Position Title					
Street Address	Specific Duties					
Immediate Supervisor/Title	Telephone Number					
Dates of Employment (Month/Year)	Hourly Rate/Salary (optional)					
From: To:	Starting: Final:					
Part-Time						
Reason for Leaving	Reason for Leaving					
Employment Information	Description of Duties					
Employer/Kind of Business	Description of Duties  Position Title					
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Employer/Kind of Business	Position Title					
Employer/Kind of Business  Street Address	Position Title  Specific Duties					
Employer/Kind of Business  Street Address  Immediate Supervisor/Title	Position Title  Specific Duties  Telephone Number					
Employer/Kind of Business  Street Address  Immediate Supervisor/Title  Dates of Employment (Month/Year)	Position Title  Specific Duties  Telephone Number  Hourly Rate/Salary (optional)					
Employer/Kind of Business  Street Address  Immediate Supervisor/Title  Dates of Employment (Month/Year) From: To:	Position Title  Specific Duties  Telephone Number  Hourly Rate/Salary (optional)					
Employer/Kind of Business  Street Address  Immediate Supervisor/Title  Dates of Employment (Month/Year)  From: To:  Part-Time  Full-Time  Full-Time	Position Title  Specific Duties  Telephone Number  Hourly Rate/Salary (optional)					
Employer/Kind of Business  Street Address  Immediate Supervisor/Title  Dates of Employment (Month/Year) From: To:  Part-Time	Position Title  Specific Duties  Telephone Number  Hourly Rate/Salary (optional)  Starting: Final:					
Employer/Kind of Business  Street Address  Immediate Supervisor/Title  Dates of Employment (Month/Year) From: To:  Part-Time	Position Title  Specific Duties  Telephone Number  Hourly Rate/Salary (optional)  Starting: Final:  Description of Duties					
Employer/Kind of Business  Street Address  Immediate Supervisor/Title  Dates of Employment (Month/Year) From: To:  Part-Time Full-Time Reason for Leaving  Employment Information  Employer/Kind of Business	Position Title  Specific Duties  Telephone Number  Hourly Rate/Salary (optional)  Starting: Final:  Description of Duties  Position Title					
Employer/Kind of Business  Street Address  Immediate Supervisor/Title  Dates of Employment (Month/Year)  From: To:  Part-Time	Position Title  Specific Duties  Telephone Number  Hourly Rate/Salary (optional) Starting: Final:  Description of Duties  Position Title  Specific Duties					
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## EDUCATION/SKILLS RECORD

Vocational/Technical School  College/University  College/University  Other  Do you have a valid driver's license?   Yes   No  If required by the job you have applied for, have you had training/course work or experience in (please check those that apply):    Heavy Equipment Operation   CDL License   General Mechanic work	Please list education or specialized example, race, color, religion, sex,			h you are ap	plying. Ex	clude names or term	s that indica	ite, for
High School Vocational/Technical School College/University College/University Other  Do you have a valid driver's license?	Circle Highest Grade Completed	1: 6 7 8 9 10 11 12	College:	1 2 3 4 5	Di	d You Graduate? _	Yes	_No
Vocational/Technical School  College/University  College/University  Other  Do you have a valid driver's license? Yes No  If required by the job you have applied for, have you had training/course work or experience in (please check those that apply):  Heavy Equipment Operation CDL License General Mechanic work List:  College/University  College	Post- High School	Name	of School	From	To	Major	Degree	Туре
College/University Other Do you have a valid driver's license?	High School							
College/University Other  Do you have a valid driver's license?	Vocational/Technical School							
Other  Do you have a valid driver's license?   Yes   No  If required by the job you have applied for, have you had training/course work or experience in (please check those that apply):    Heavy Equipment Operation   CDL License   General Mechanic work	College/University							
Do you have a valid driver's license?   Yes   No  If required by the job you have applied for, have you had training/course work or experience in (please check those that apply):    Heavy Equipment Operation   CDL License   General Mechanic work	College/University							
If required by the job you have applied for, have you had training/course work or experience in (please check those that apply):    Heavy Equipment Operation   CDL License   General Mechanic work	Other							
Heavy Equipment Operation   CDL License   General Mechanic work   List:    General Mechanic work			·····		(-ll-			
Licenses And Certificate, or other authorization to practice a trade or profession is required for the position for which you are applying questions:    License   Lic	if required by the job you have app	plied for, have you had tra	aming/course work or ex	tperience in	(please cne	eck those that apply):		
Please list any other types of equipment you can operate or skills you possess, which you feel would be an asset in the position for which you are applying:  What specific attributes do you posses that further qualify you for this position?  LICENSES AND CERTIFICATES  If a license, certificate, or other authorization to practice a trade or profession is required for the position for which you are applying, complete the following questions:  Name of Trade or Profession  License Number  Granted by  City and/or State	☐ Heavy Equipment Operation List:	ation						
What specific attributes do you posses that further qualify you for this position?  LICENSES AND CERTIFICATES  If a license, certificate, or other authorization to practice a trade or profession is required for the position for which you are applying, complete the following questions:  Name of Trade or Profession  License Number  Granted by  City and/or State								
If a license, certificate, or other authorization to practice a trade or profession is required for the position for which you are applying, complete the following questions:  Name of Trade or Profession  License Number  Granted by  City and/or State	Please list any other types of equipment you can operate or skills you possess, which you feel would be an asset in the position for which you are applying:  What specific attributes do you posses that further qualify you for this position?							
If a license, certificate, or other authorization to practice a trade or profession is required for the position for which you are applying, complete the following questions:  Name of Trade or Profession  License Number  Granted by  City and/or State								
If a license, certificate, or other authorization to practice a trade or profession is required for the position for which you are applying, complete the following questions:  Name of Trade or Profession  License Number  Granted by  City and/or State								
following questions:  Name of Trade or Profession  License Number  Granted by  City and/or State	LICENSES AND CERTIFICATES							
Granted by City and/or State	If a license, certificate, or other aut following questions:	thorization to practice a tra	ade or profession is requ	ired for the	position for	which you are apply	ing, compl	ete the
	Name of Trade or Profession		License N	License Number				
Specialty Licensed From: To:	Granted by		City and/o	City and/or State				
	Specialty		Licensed		From:	То:		

#### APPLICANT'S STATEMENT

These answers are true and complete to the best of my knowledge. I understand that any false, omitted, or misleading information in connection with this application or during the interview process will result in rejection of my application or termination of my employment if I am hired, regardless of when discovered.

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the County to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required, depending upon County policy. I authorize the County to make a thorough investigation of my past employment, education, criminal history, job-related activities, and other relevant background information, and I release from all liability all persons, companies, and corporations providing such information, either in writing or orally. I also indemnify this County against any liability that might result from making such investigation.

Additionally, I authorize the County to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party with an interest that the County deems appropriate.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between Hayes and myself for either employment or for the providing of any benefit arising from employment. No promises regarding employment have been made to me. I understand that if an employment relationship is established, I have the right to terminate my employment at any time and Hayes retains the same right, regardless of any oral representations to the contrary. Any changes in this "at will" employment relationship must be made in writing and approved by the County Board.

SIGN HERE		
	Applicant's Signature (Use Ink)	Date

NOTE: UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.