



# Application for Employment

## Personal Information

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

Name		Social Security	
Present Address	City	State	Zip
Permanent Address	City	State	Zip
Phone No.		Referred By:	

## Employment Desired

Position:		Date you can start:
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where:	When:

## Education History

	Name & Location of School	Years Attended	Did You Graduate	Subjects Studied
High School				
College				
Other				

## General Information

Subject of special study/Research Work	
Special Training	
Special Skills	
U.S. Military or Naval Service	Rank

## Former Employers

Date (month and year)	Name of Employer	Position	Reason for Leaving
From			
To			
From			
To			



## References

Name	Address	Business	Years Known

## Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed about to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release Big Horn County from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the Big Horn County has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized Big Horn County Representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

\_\_\_\_\_

Date

\_\_\_\_\_

Signature