



Employment Application

(An Equal Opportunity Employer)
 This Application will be maintained for 12 months only

Thank you for your interest in employment with Montgomery County. Please complete and submit this form and include an updated resume.

Name:				Date:	
	<i>(Last Name)</i>	<i>(First Name)</i>	<i>(Middle)</i>		
Address:					
	<i>(Number)</i>	<i>(Street)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
Telephone #	() Home	() Cell			
E-mail Address (optional):					
I will provide necessary documentation to validate that I am (Check a Box):					
<input type="checkbox"/> A citizen or national of the United States or <input type="checkbox"/> Authorized by the Immigration and Naturalization Service to work in the United States.					

Position(s) Applying For: _____

What type of experience do you have which would be helpful for the job for which you are applying?

Have you ever worked for this county? Yes No
If yes, when & where _____

Date available to Start: _____

Are you available to Work: *Full-time* *Part-time* *Days* *Nights* *Weekends*
List any day or hours you are unable to work: _____

List Any Friends or Relatives working here:	_____	_____
	(Name)	(Relationship)
	_____	_____
	(Name)	(Relationship)

United States Military Service

Do you have United States Military Experience? Yes No **Branch:** _____

Date Entered:	_____	Date Discharged:	_____	Rank at Time of Discharge:	_____
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Special Skills or Training from Service:	_____	Present Military Status:	_____
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EDUCATION

Please list educational institutions (high school, technical schools, college) attended beginning with the most recent.

Name & Location of School	Number of Years Completed (circle one)	Degree Earned/Major
_____	1 2 3 4	_____
_____	1 2 3 4	_____
_____	1 2 3 4	_____

WORK EXPERIENCE: List below your last four employers, starting with the most current one.

Employer Name:		Address:	
Position:	Dates - From	To	
Supervisor -Name and Title:		Phone ()	
Reason for Leaving:			
Description of Duties:			
Employer Name:		Address:	
Position:	Dates - From	To	
Supervisor - Name and Title:		Phone ()	
Reason for Leaving:			
Description of Duties:			
Employer Name:		Address:	
Position:	Dates - From	To	
Supervisor Name and Title		Phone ()	
Reason for Leaving:			
Description of Duties:			
Employer Name:		Address:	
Position:	Dates - From	To	
Supervisor Name and Title		Phone ()	
Reason for Leaving:			

Description of Duties:

Are there any other places you have worked in addition to those listed above? **Yes** **No**

Additional Experience

Please list any additional experience.

PROFESSIONAL REFERENCES: Include three professional references who supervised your previous work (owners, managers, supervisors).

Name	Address, City, State	Position	Phone Number

THE BELOW DISCLAIMERS MUST BE READ IN THEIR ENTIRETY AND ACKNOWLEDGED, BY SIGNATURE, AS PART OF THE APPLICATION PROCESS. PLEASE MAKE CERTAIN THAT YOU HAVE ANSWERED ALL OF THE QUESTIONS OF THIS EMPLOYMENT APPLICATION TRUTHFULLY.

By signing below, I understand that the information provided is true and correct, and that any misstatements or omission of material facts in the application or the hiring process may result in discontinuing of the hiring process or termination of employment, no matter when discovered. I agree that the organization shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application.

I authorize the organization to analyze the truthfulness of all statements made on this application, complete reference checks from my current and former employers, and others that may provide information regarding my education and experiences. In addition, I give my consent for all contacted persons including current and former employers to provide information concerning this application, and I release each such person from liability for providing information to the organization.

I understand that nothing contained in this application, or the granting of an interview is intended to create an employer/employee relationship between the organization and myself either for employment or for the providing of any benefits. No promises regarding employment have been made to me unless made in writing. I further understand and agree that if I am hired, my employment would be "at will," as defined by law where our organization operates: I would have the right to terminate my employment at any time for any reason and that the organization would retain a similar right.

I understand that any offers of employment may be contingent upon my taking and successfully passing a drug and/or alcohol test in accordance with the organization's policy. If I refuse to submit to testing, refuse to sign the consent form, or test positive, the organization will not employ me.

I understand that any offers of employment may be contingent upon the results of a background check(s), including without limitation a criminal background check and a conviction inquiry, in accordance with the organization's policies and state law.

I hereby attest that all statements made by me above are true to the best of my knowledge, and I agree to the terms noted above.

Date: _____

Applicant's Signature: _____