

**CRANE COUNTY
EMPLOYMENT APPLICATION**

DATE ___/___/___

(PRINT CLEARLY. COMPLETE ALL ITEMS USING A BALL POINT PEN.)

1. GENERAL INFORMATION

Legal Name

Last: _____ First: _____ MI: _____

Mailing Address

Street: _____ Apt./Suite No: _____

City: _____ State: _____ Zip: _____

County: _____ Home Phone: _____ Message Phone: _____

Position Applying For: _____ Expected Pay \$ _____ per _____

Are you at least 18 years of age ___Yes ___No If No, what is your age? _____

After an offer of employment, can you submit verification of your legal right to work in the United States?

Yes _____ No _____

Have you ever been convicted of a felony? ___Yes ___No (A felony conviction will not necessarily disqualify an applicant from employment.)

If yes, please

explain: _____

Date available for work: _____

2. EDUCATION/TRAINING

Circle highest level of school completed

High School

College

Graduate

9 10 11 12

13 14 15 16

17 18

Name of school last attended: _____ City/State: _____ Graduated: __YES __NO

Degree: _____ Major: _____ Minor: _____

Are you a veteran of the U.S. Military ___Yes ___No

EQUAL OPPORTUNITY EMPLOYER

Crane County is an equal opportunity employer committed to recruiting, hiring, training and promoting all persons without regard to race, color, gender, religion, national origin, age (40 or over), disability or history of disability (except where physical or mental abilities are a bona fide occupational qualification) or other classifications protected by law.

3.EMPLOYMENT HISTORY (List your most recent employer first)

Employer: _____

Address: _____

Phone:(_____) _____

Dates: From ___/___/___ To ___/___/___

Rate: Start \$ _____ Final \$ _____

May we contact employer ? __Yes __ No

Job Title: _____

Job Description: _____

Supervisor: _____

Reason for leaving: _____

Employer: _____

Address: _____

Phone:(_____) _____

Dates: From ___/___/___ To ___/___/___

Rate: Start \$ _____ Final \$ _____

May we contact employer ? __Yes __ No

Job Title: _____

Job Description: _____

Supervisor: _____

Reason for leaving: _____

Employer: _____

Address: _____

Phone:(_____) _____

Dates: From ___/___/___ To ___/___/___

Rate: Start \$ _____ Final \$ _____

May we contact employer ? __Yes __ No

Job Title: _____

Job Description: _____

Supervisor: _____

Reason for leaving: _____

Employer: _____

Address: _____

Phone:(_____) _____

Dates: From ___/___/___ To ___/___/___

Rate: Start \$ _____ Final \$ _____

May we contact employer ? __Yes __ No

Job Title: _____

Job Description: _____

Supervisor: _____

Reason for leaving: _____

Employer: _____

Address: _____

Phone:(_____) _____

Dates: From ___/___/___ To ___/___/___

Rate: Start \$ _____ Final \$ _____

May we contact employer ? __Yes __ No

Job Title: _____

Job Description: _____

Supervisor: _____

Reason for leaving: _____

7.EMPLOYMENT APPLICATION CERTIFICATION AND AT-WILL AGREEMENT

I certify that the information contained in this application is correct and complete to the best of my knowledge. I understand that falsification of this information or material omission is grounds for termination of my employment with Crane County at any time. I understand and agree to the following:

1. My prior employers, educational institutions and other references listed on this application are authorized to give Crane County any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing information to Crane County.
2. I must produce applicable documents showing that I am a United States citizen or alien lawfully authorized to work in the United States, to meet the Immigration Reform Control Act of 1986 requirements.
3. I understand that any offer of employment with Crane County will be contingent upon my successful completion of any pre-employment physical examination that Crane County may require. I also understand and agree that I may be required to undergo and successfully pass a screening for alcohol and/or drugs during the hiring process and if employed, as required by Crane County.
4. As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background.
5. If I fail to comply with any of the requirements set forth above, an offer of employment may be rescinded or my employment may be terminated.
6. In consideration of my employment, I agree to conform to Crane County's policies, rules and regulations.
7. In further consideration of my employment, I understand and agree that my employment is at-will and , therefore, my employment and compensation can be terminated by me or Crane County, with or without cause, and with or without notice, at any time I further understand and agree that although other terms and conditions of my employment may change, this at-will employment relationship will remain in effect throughout my employment with Crane County unless it is modified by a specific, written employment contract that is executed by Crane County and me. This at-will employment status may not be modified by any oral or implied agreement. I understand that these statements about the at-will nature of my employment constitute the complete understanding between Crane County and me regarding this subject.
8. I understand that this application is good only for two (2) years from today's date. If I still desire a position with the company after this application expires, it will be my responsibility to fill out a new application and file it with Crane County. Otherwise, Crane County will not consider me for employment after this application expires

Signature of Applicant

Date

VOLUNTARY CONSENT TO PRE-EMPLOYMENT DRUG TESTING

Applicant Name: _____

(Please Print)

Crane County has a vital interest in maintaining safe, healthful and efficient working conditions for its employees. Using or being under the influence of drugs may pose serious safety and health risks not only for the user but his/her co-workers and the public.

By signing this Notice, the applicant understands and voluntarily agrees to submit to pre-employment drug screening. The applicant further agrees to release Crane County and its directors, officers, agents, employees, parents, subsidiaries and affiliated concerns from any and all liability, claims, demands, damages and causes of action of every kinds and nature arising out of the pre-employment drug screening and any decision concerning employment made by Crane County, in whole or in part, based upon the results of the pre-employment drug screen.

ANY APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT WITH CRANE COUNTY. Refusal of any applicant to agree to pre-employment drug screening at this time does not preclude an applicant from applying for employment with Crane County at some future when the applicant will agree to conform to our policies.

I understand that my offer of employment with Crane County is contingent upon my taking and passing a test for the presence of illegal drugs. I further understand and agree that I may be terminated from Crane County should the results be positive for the presence of illegal drugs. I voluntarily consent to have a sample of my urine collected for the purpose of drug testing. In the event I should submit two or more samples for drug screening in connection with my application for employment, I understand that each sample must be negative for the presence of illegal drugs. The drug test will be conducted by a clinical laboratory. I hereby authorize the results of this testing to be released to Crane County. This consent is subject to revocation at any time upon written notice. I understand that I may receive a copy of this consent form upon written request.

SIGNATURE OF APPLICANT: _____

SIGNATURE OF CONSENTING PARENT OR GUARDIAN: _____

DATE: _____

(To be maintained on file with Employment Application)

VOLUNTARY CONSENT FOR BACKGROUND AND REFERRAL CHECK

To: All Applicants for Employment : *(Please Read Carefully Before Signing Below)*

In processing my application for employment, I understand the employer, its representatives, employees or agents may obtain and investigate for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, references, character, general reputation, personal characteristics, mode of living, and information about my criminal conviction background consistent with state and federal law.

By signing below, I authorize this employer to obtain an investigative report on me as part of the pre-employment background and investigation process.

Name (please print)

Signature

Date Signed