

APPLICATION FOR EMPLOYMENT - RICHLAND COUNTY HIGHWAY

Date _____

PLEASE PRINT ALL INFORMATION (Neatness Matters)

Personal information you provide may be used for secondary purposes {Privacy Law s. 15.04(1)(m)}

Equal Opportunity Employer

Last Name	First Name	Middle Initial	Social Security Number
Present Address – Number, Street, City, State, Zip Code)			Home Phone (Include Area Code)
Mailing Address (If different from above) – Number, Street, City, State Zip Code			Cell Phone (Include Area Code)

Application for Position of:	Date Available	Type of Employment Preferred <input type="checkbox"/> Permanent (Full Time) <input type="checkbox"/> Permanent (Part Time) Until _____ <input type="checkbox"/> Temporary (Full Time) <input type="checkbox"/> Temporary (Part Time) Until _____
Are you employed now? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you applied to this company before? Yes <input type="checkbox"/> No <input type="checkbox"/>	When?

- Do you have access to a car? (For some positions, a vehicle is required.)..... Yes No
- Do you have a valid driver's license?..... Yes No
- Are you over age 18?..... Yes No
- Are you a U.S. citizen, or do you have an entry permit which allows you to work?..... Yes No
- Do you have a valid CDL Yes No Check your Endorsements A B C D N H

EDUCATION AND TRAINING

TRAINING THROUGH HIGH SCHOOL

Circle the highest grade or year completed in school: 1 2 3 4 5 6 7 8 9 10 11 12	Do you have a High School Diploma or a GED Equivalency? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name and Location of High School
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TRAINING BEYOND HIGH SCHOOL (College or University, Nursing, Business College, or other Schools you have attended.)

	NAME AND LOCATION	Years Attended		Major Field	Did you Graduate?
		From	To		
COLLEGE					
TRADE, BUSINESS, OR OTHER					

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, in-service training, or volunteer work which you feel is **relevant** to the job for which you are applying. Also include **relevant** licenses or certificates. You may also include any special skills you have which are **relevant** to the job for which you are applying. List any organizations you belong to (or have belonged to) and any job-related honors or awards you have received. **Be specific.**

REFERENCES (THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

ATTACH A RESUME TO APPLICATION WITH COMPLETE DETAILS OF YOUR SKILLS AND DUTIES PERFORMED. BE SPECIFIC.

WORK EXPERIENCE			
DIRECTIONS: Start with your most recent job. BE CERTAIN TO INCLUDE SERVICE IN THE ARMED FORCES. For part-time work, show the average number of hours per month. Indicate any changes in job title under same employer as a separate position. <i>Neatness matters!</i>			
Employer	Kind of Business	Your Title	Reason for Leaving
Street Address	Total Time Employed: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		
City, State, Zip Code	From (Month & Year) _____ To (Month & Year) _____		
Name and Title of Supervisor	Check One: <input type="checkbox"/> Monthly Salary Beginning: \$ _____		
Supervisor's Phone Number	<input type="checkbox"/> Hourly Salary Ending: \$ _____		

Employer	Kind of Business	Your Title	Reason for Leaving
Street Address	Total Time Employed: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		
City, State, Zip Code	From (Month & Year) _____ To (Month & Year) _____		
Name and Title of Supervisor	Check One: <input type="checkbox"/> Monthly Salary Beginning: \$ _____		
Supervisor's Phone Number	<input type="checkbox"/> Hourly Salary Ending: \$ _____		

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Street Address	Total Time Employed: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		
City, State, Zip Code	From (Month & Year) _____ To (Month & Year) _____		
Name and Title of Supervisor	Check One: <input type="checkbox"/> Monthly Salary Beginning: \$ _____		
Supervisor's Phone Number	<input type="checkbox"/> Hourly Salary Ending: \$ _____		

Employer	Kind of Business	Your Title	Reason for Leaving
Street Address	Total Time Employed: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		
City, State, Zip Code	From (Month & Year) _____ To (Month & Year) _____		
Name and Title of Supervisor	Check One: <input type="checkbox"/> Monthly Salary Beginning: \$ _____		
Supervisor's Phone Number	<input type="checkbox"/> Hourly Salary Ending: \$ _____		

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 reference and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company 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 company 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."

Signature: _____