

# Trego County Employment Application

date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yyyy

All applicants will receive consideration without regard to age, race, color, religion, sex, national origin, handicap, or military status

PLEASE COMPLETE ALL SECTIONS - FRONT AND BACK

<b>PERSONAL INFORMATION</b>	Last Name	First	Middle		Social Security No.
	Present Address	City	State	Zip	No years
	Last Address	City	State	Zip	No years
	Are you legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:
	List name, Address and Phone No. of person to contact in emergency				

<b>JOB INTEREST</b>	Position Desired:	Starting Salary Expected:	Have you previously applied to Trego County? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date you can start	List any relatives working for Trego Co	
	Type of Employment Desired		
	<input type="checkbox"/> Full Time <input type="checkbox"/> Permanent Part Time <input type="checkbox"/> Temporary Full Time <input type="checkbox"/> Temporary Part Time <input type="checkbox"/> Summer Help		
	Special interest or qualification that may help us in considering your application:		

<b>EDUCATION</b>	Circle Highest Grade Completed in Each School	Grade School	High School	College	Graduate School
	Category:	1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3
	Schools	Names & Addresses	Dates Attended From      To	Diploma or Degree	Areas of Specialization
	High School				
	College				
	Graduate				
Other					

Do you have any physical disability which would limit your ability to perform the job you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, explain:
While Working, Is there anything to prevent you from: <input type="checkbox"/> Standing <input type="checkbox"/> Lifting
If yes to any of the above, explain:

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<b>EMPLOYMENT RECORD:</b>			
List any job held starting with your present or last job. Include military service, summer employment and volunteer activities. If you need additional space, please continue on a separate piece of paper.			
Name of Company	Type of Business	From (mm/yyyy)	To (mm/yyy)
Address, City, State, Zip		Starting Salary	Last Salary
Name & Title of Supervisor	Phone	Titles & Duties	
Reason for Leaving			
Name of Company	Type of Business	From (mm/yyyy)	To (mm/yyy)
Address, City, State, Zip		Starting Salary	Last Salary
Name & Title of Supervisor	Phone	Titles & Duties	
Reason for Leaving			
Name of Company	Type of Business	From (mm/yyyy)	To (mm/yyy)
Address, City, State, Zip		Starting Salary	Last Salary
Name & Title of Supervisor	Phone	Titles & Duties	
Reason for Leaving			

List names & addresses of people who have known you over 3 years (DO NOT LIST RELATIVES)

Name	Address	Occupation	Phone

I certify that all statements given on this application are correct, and understand that falsification or misrepresentation in this or any other personnel record can result in my dismissal. I agree to provide proof of age upon being hired. I authorize prior employers and other individuals to give the company information concerning me, whether or not it is part of their written records, and I release them and their companies from any liability whatsoever on account of such information furnished to Trego County. I understand that the above noted reference information will be kept confidential and will not be released to anyone by Trego County without my consent. I also agree that if I am offered employment and accept, my employment will be at will, that my employment and compensation can be terminated, with or without cause, and with or without notice, at the option of either Trego County or myself.