## Custer County Communications Equal Employment Opportunity Employer

## **Application for Employment**

This application is good for 90 days or until the position is filled.

Custer County assures equal employment opportunity to applicants and employees in all aspects of personnel administration without regard to political affiliation, race, color, national origin, sex, age, marital status, pregnancy, mental or physical disability, religion, military status, or any other prohibited basis of discrimination, as provided under applicable state and federal law.

FEDERAL LAW OBLIGATES US TO PROVIDE REASONABLE ACCOMMODATION TO THE KNOWN DISABILITIES OF APPLICANTS AND EMPLOYEES, UNLESS TO DO SO WOULD POSE AN UNDUE HARDSHIP. PLEASE FEEL FREE TO LET US KNOW IF YOU NEED AN ACCOMMODATION TO COMPLETE THE APPLICATION PROCESS OR TO PERFORM ANY ESSENTIAL ELEMENTS OF THE POSITION SOUGHT.

| Type of Work Desired (CHECK ALL THAT APPLY):   |
|--|
| Full-Time □ Part-Time □ Regular □ Temporary □  |
| Have you ever been employed here before? ☐ Yes ☐ No If yes, give date:   |
| Have you filed an application here before? ☐ Yes ☐ No If yes, give date:   |
| Applicant's Name (Last, First, Middle Initial):  |
| Street Address:  |
| City, State, Zip Code:   |
| Home Telephone Number: Work Telephone Number:  |
| Position Applied For: Date Available for Work  |
| How did you learn about the job you have applied for? (Be specific as to the source.)  |
| Are you legally authorized to work in the United States?   Yes  No   |
| If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired if you receive an offer of employment. |
| Have you ever been convicted of, pleaded guilty to, pleaded no contest or nolo contendere to, been paroled for, received probation or deferred judgment for, or received a suspended imposition/execution of sentence or judgment for any felony or misdemeanor (other than a minor traffic violation) in any jurisdiction?   Yes  |
| Do you have any pending criminal charges in any jurisdiction (other than a minor traffic violation) that have not yet been fully resolved or disposed of? $\square$ Yes $\square$ No   |
| If yes to either question, please provide details (date, jurisdiction, crime involved, disposition, current status, etc.):   |
|  |

(Conviction or pending arrest will not necessarily disqualify you from employment. The recency, severity, and pertinence of the conviction to the job will all be considered.)

## EMPLOYMENT RECORD

List below the positions you have held, starting with your present employment. If more than one position or classification has been held with a given organization, list each position or classification as a separate period of employment. Under "Specific Duties," describe clearly the tasks you performed and the nature of your supervisory, technical, or other responsibilities. Please be complete. Your employment history may be verified by contacting previous employers unless you request otherwise. Volunteer, military, or unpaid experience will be evaluated in the same manner as paid employment and should be entered in the same manner. If you need more space, attach a separate sheet of paper. Please exclude organization names that indicate, for example, race, color, religion, sex, disability, or national origin.

| Employment Information                     | Description of Duties               |  |  |  |  |  |  |
|--|-------------------------------------|--|--|--|--|--|--|
| Employer/Kind of Business                  | Position Title                      |  |  |  |  |  |  |
| Street Address                             | Specific Duties                     |  |  |  |  |  |  |
| Immediate Supervisor/Title                 | Telephone Number                    |  |  |  |  |  |  |
| Dates of Employment (Month/Year) From: To: | Hourly Rate/Salary Starting: Final: |  |  |  |  |  |  |
| Part-Time   Full-Time                      |                                     |  |  |  |  |  |  |
| Reason for Leaving                         |                                     |  |  |  |  |  |  |
| Employment Information                     | Description of Duties               |  |  |  |  |  |  |
| Employer/Kind of Business                  | Position Title                      |  |  |  |  |  |  |
| Street Address                             | Specific Duties                     |  |  |  |  |  |  |
| Immediate Supervisor/Title                 | Telephone Number                    |  |  |  |  |  |  |
| Dates of Employment (Month/Year)           | Hourly Rate/Salary                  |  |  |  |  |  |  |
| From: To:                                  | Starting: Final:                    |  |  |  |  |  |  |
| Part-Time                                  |                                     |  |  |  |  |  |  |
| Reason for Leaving                         |                                     |  |  |  |  |  |  |
| Employment Information                     | Description of Duties               |  |  |  |  |  |  |
| Employer/Kind of Business                  | Position Title                      |  |  |  |  |  |  |
| Street Address                             | Specific Duties                     |  |  |  |  |  |  |
| Immediate Supervisor/Title                 | Telephone Number                    |  |  |  |  |  |  |
| Dates of Employment (Month/Year)           | Hourly Rate/Salary                  |  |  |  |  |  |  |
| From: To:                                  | Starting: Final:                    |  |  |  |  |  |  |
| Part-Time  Full-Time                       |                                     |  |  |  |  |  |  |
| Reason for Leaving                         |                                     |  |  |  |  |  |  |

| Employme  | nt Info                                 | rmation  |                   | u1,1 di 3                           | Descrip                | otion of Duties       |                      |  |
|---|---|--|-------------------|-------------------------------------|------------------------|-----------------------|----------------------|--|
| Employer/Kind of Business   | nployer/Kind of Business                |  | Position T        | Position Title                      |                        |                       |                      |  |
| Street Address  |   | Specific D   | Specific Duties   |                                     |                        |                       |                      |  |
| Immediate Supervisor/Title  |   |  | Telephone         | Telephone Number                    |                        |                       |                      |  |
| Dates of Employment (Month/Year) From. To.                                | ates of Employment (Month/Year)         |  |                   | Hourly Rate/Salary Starting. Final: |                        |                       |                      |  |
| Part-Time ☐ Full-Time ☐   |   |  |                   |                                     |                        |                       |                      |  |
| Reason for Leaving  |   |  |                   |                                     |                        |                       |                      |  |
|   |   | EDATO  | Marker & a ~      | EGGDT                               |                        |                       |                      |  |
|   |   | EDUCATION  | N/SKILLS R        | ECORD                               |                        |                       |                      |  |
| Please list education or specialized example, race, color, religion, sex. | d exper                                 | ience that relates to the pos<br>lity, or national origin. | ition(s) for whic | ch you are ap                       | oplying. Ex            | clude names or terms  | s that indicate, for |  |
| Circle Highest Grade Completed  | d: 6 7                                  | 8 9 10 11 12   | College:          | 1 2 3 4 5                           | Did                    | I You Graduate? _     | YesNo                |  |
| Post-High School  |   | Name of Scho   | pol               | From                                | To                     | Major                 | Degree Type          |  |
| College/University  |   |  |                   |                                     |                        |                       |                      |  |
| Graduate School   |   |  |                   |                                     |                        |                       |                      |  |
| If required by the job you have app                                       | plied fo                                | or, have you had training/co                               | ourse work or ex  | sperience in                        | (please che            | ck those that apply): |                      |  |
| ☐ Typing  |   | Word Processing  |                   | Entry                               | ☐ PC/Computer Terminal |                       |                      |  |
| ☐ Calculator/Adding Machine   |   | Dictation Equipment  |                   |                                     |                        |                       |                      |  |
| Please list any other types of equipare applying:                         |   |  | u possess, which  | h you feel w                        | ould be an a           | asset in the position | for which you        |  |
|   |   |  |                   |                                     |                        |                       |                      |  |
|   |   | LICENSES AT  | ND CERTIF         | ICATES                              |                        |                       |                      |  |
| If a license, certificate, or other autifollowing questions:              | horizat                                 | ion to practice a trade or pr                              | ofession is requ  | ired for the                        | position for           | which you are apply   | ing, complete the    |  |
| Name of Trade or Profession   | *************************************** |  | License N         | License Number                      |                        |                       |                      |  |
| Granted by  |   |  | City and/o        | City and/or State                   |                        |                       |                      |  |
| Specialty   |   |  | Licensed          |                                     | From:                  | To:                   |                      |  |
|   |   | ********************************                           |                   |                                     |                        |                       |                      |  |

## APPLICANT'S STATEMENT

These answers are true and complete to the best of my knowledge. I understand that any false, omitted, or misleading information in connection with this application or during the interview process will result in rejection of my application or termination of my employment if I am hired, regardless of when discovered.

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the County to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required, depending upon County policy. I authorize the County to make a thorough investigation of my past employment, education, criminal history, job-related activities, and other relevant background information, and I release from all liability all persons, companies, and corporations providing such information, either in writing or orally. I also indemnify this County against any liability that might result from making such investigation.

Additionally, I authorize the County to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party with an interest that the County deems appropriate.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between Custer County and myself for either employment or for the providing of any benefit arising from employment. No promises regarding employment have been made to me. I understand that if an employment relationship is established, I have the right to terminate my employment at any time and Custer County retains the same right, regardless of any oral representations to the contrary. Any changes in this "at will" employment relationship must be made in writing and approved by the County Board.

| SIGN HERE |                                 |      |
|-----------|---------------------------------|------|
|           | Applicant's Signature (Use Ink) | Date |

NOTE: UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.