Name_____ Application Date_____

CUSTER COUNTY HIGHWAY DEPARTMENT

Employment Application

APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY

Custer County will provide equal opportunity for all employees and applicants for employment without regard to race, color, religion, handicap, national origin, sex, age, or veteran status except when age, sex or physical status is a bonafide occupational qualification. The information in your application is subject to verification so please review it for completeness and accuracy. Unfavorable information about yourself may not necessarily cause rejection but withholding information or making false statements on this application could result in rejection for employment or if employed, termination of employment.

APPLICANT INFORMATION

Last Name		First		M.I.	Date		
Street Address				Apartment/Unit #			
City		State		ZIP			
Phone							
Date Available		Desired Salary		Type of Employment: Full-time☐ Part-time☐ Temp. ☐			
Position Applied for							
Are you a citizen of the United States?	YES☐	NO ☐	If no, are you authorized to work in the U.S.?	YES☐	NO ☐		
Have you ever worked for this company?	YES☐	NO☐	If so, when?				
Have you ever been convicted of a felony?	YES☐	NO☐	If yes, explain				

EDUCATION

High School		Address					
Years Completed		Did you graduate?	YES☐	NO☐	Degree		
College		Address					
Years Completed		Did you graduate?	YES☐	NO☐	Degree		
Other		Address					
Years Completed		Did you graduate?	YES☐	NO☐	Degree		

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

LICENSES

List current professional registrations, certifications and licenses. Indicate the issuing state or agency and, if appropriate, the license number, date issued, and the expiration date.

QUALIFICATIONS

List any other information you think would be useful in evaluating your qualifications for the position sought (i.e., publications, patents, professional affiliations, foreign language capabilities, scholastic honors or experience not indicated elsewhere on the application.

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary $	Ending Salary $	
Responsibilities			
From To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES ☐ NO ☐			
Current Benefit Package	___Medical ___ Dental ___Vision ___Life ___ Short/Long Term Disability ___401K/Retirement Plan ___Vacation ___ Sick ___Other (Supplemental, etc.) PLEASE CHECK WHICH BENEFITS YOUR CURRENT POSITION OFFERS.		
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary $	Ending Salary $	
Responsibilities			
From To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES ☐ NO ☐			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary $	Ending Salary $	
Responsibilities			
From To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES ☐ NO ☐			

MILITARY SERVICE

Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

Do you have any physical, mental, or medical impairment or disability that would limit your job performance for the position you are applying? Yes_____ No_____ If yes, please explain_____

_____

_____

If you have an impairment or disability, are there workplace accommodations that would assure better job placement and/or enable you to perform your job to maximum capacity? Yes_____ No_____ If yes, please explain _____

_____

_____

Have you been convicted of a crime in the past ten years that has not been annulled, expunged or sealed by a court? Convictions will not necessarily disqualify an applicant from employment. Yes _____ No _____ If yes, please describe in full_____

_____

_____

_____ Location_____ Date of Offense _____

DISCLAIMER AND SIGNATURE

1. I certify that my answers are true and complete to the best of my knowledge. 2. I authorize investigation of such statements contained in this application for employment as may be deemed necessary by the employer in arriving at an employment decision. Former employers named herein are hereby released from any and all liability for issuing information pursuant to such investigation. I hereby wave any privilege I have as to such information. 3. In the event of employment, I understand that false or misleading information or omissions given in my application or interview(s) may result in discharge. I understand, also, tha I am required to abide by all rules and regulations of the employer. 4. I understand that employment may be conditioned upon a favorable health evaluation, which may include a medically approved laboratory test for the detection of narcotics or other drugs, the presence of which may affect my performance as an employee and may be used as grounds for denying employment. 5. I understand that this application is not intended to be a contract of employment. I further understand that, if hired, my employment will be as an employee at will, and that my employment may be terminated by the employee or employer at any time, with or without cause.

Signature Date