

Application For Employment

Douglas County
Board of Commissioners
An Equal Opportunity Employer
M/F/V/H



Applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

PLEASE PRINT CLEARLY

Position(s) Applied For: _____ Date: _____

Referral Source: County Website Relative Friend Current Employee
 Advertisement Walk-In Other _____

Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Primary Phone: () _____ Alternate: () _____

Email Address: _____

Do you have any relatives presently employed by Douglas County Board of Commissioners? Yes No

If **yes**, Who: _____ How Related: _____ What Department: _____

Have you ever been employed by Douglas County Board of Commissioners? Yes No

If **yes**, provide dates and position: _____

Are you presently employed? Yes No

If **yes**, may we contact your present employer? Yes No

Type of employment desired: Full Time Part Time Temporary Shift

When would you be available for work? _____

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration status?
 Yes No (Note: Proof of citizenship or immigration status will be required and verified.)

Have you ever been convicted of a felony? Yes No If **yes**, provide date(s) and details: _____

(Note: Conviction will not necessarily disqualify applicant from employment)

Are you able to perform the essential functions of the job for which you are applying? Yes No

If **no**, specify reasonable accommodations that would allow you to perform the essential functions of the job: _____

Are you a veteran of the U.S. Armed Forces? Yes No

If **yes**, please provide dates and branch: _____

List professional, trade, business or civic activities and offices held. (You may exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

List **three** personal references who are **not** related to you and are **not** previous employers:

Full Name	Address	Telephone	Years Known	Relationship (teacher, co-worker)

Employment Experience

Begin with your present or last job. Please include any military service assignments and volunteer activities. (You may exclude those which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

Employer 1.	Telephone	Beginning Employment Month/Year	Ending Employment Month/Year
Address City, State, Zip			
Job Title		Beginning Salary	Ending Salary
Name of Supervisor		Reason for Leaving or Looking for Other Employment	
Description of Work Performed			

Employer 2.	Telephone	Beginning Employment Month/Year	Ending Employment Month/Year
Address City, State, Zip			
Job Title		Beginning Salary	Ending Salary
Name of Supervisor		Reason for Leaving or Looking for Other Employment	
Description of Work Performed			

Employer 3.	Telephone	Beginning Employment Month/Year	Ending Employment Month/Year
Address City, State, Zip			
Job Title		Beginning Salary	Ending Salary
Name of Supervisor		Reason for Leaving or Looking for Other Employment	
Description of Work Performed			

Employer 4.	Telephone	Beginning Employment Month/Year	Ending Employment Month/Year
Address City, State, Zip			
Job Title		Beginning Salary	Ending Salary
Name of Supervisor		Reason for Leaving or Looking for Other Employment	
Description of Work Performed			

Employer 5.	Telephone	Beginning Employment Month/Year	Ending Employment Month/Year
Address City, State, Zip			
Job Title		Beginning Salary	Ending Salary
Name of Supervisor		Reason for Leaving or Looking for Other Employment	
Description of Work Performed			

<u>Special Skills and Qualifications:</u> Summarize any relevant special skills and qualifications acquired from employment or other experience.



DOUGLAS COUNTY BOARD OF COMMISSIONERS

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Department: _____ Position: _____

CONFIDENTIAL

CONSENT FORM

I hereby authorize the Douglas County Board of Commissioners to retrieve my criminal/driver's record as a condition of **Employment/continued Employment** and/or **Volunteering/continued Volunteering** with Douglas County.

PLEASE PRINT CLEARLY

Full Name (No Initials)

Street Address

City, State and Zip Code

Social Security Number

Date of Birth

Driver's License Number

Applicant's Signature

Date

Requestor's Signature

(Human Resources Representative)

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary but highly appreciated.

Please Check One: Male Female

Please Check One: White/Caucasian Black/African American
 Hispanic Asian/Pacific Islander
 American Indian/Alaskan Native

Please Check if any are applicable: Disabled Veteran Vietnam Era Veteran
 Handicapped Individual