

# CHAUTAUQUA COUNTY

## APPLICATION FOR EMPLOYMENT

*Chautauqua County is an Equal Opportunity Employer. We consider applications for all positions without regard to race color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.*

|                         |                     |
|-------------------------|---------------------|
| Position(s) Applied for | Date of Application |
|-------------------------|---------------------|

**(PLEASE PRINT)**

|                    |            |                        |          |
|--------------------|------------|------------------------|----------|
| Last Name          | First Name | Middle Name            | Title    |
| Address            | City       | State                  | Zip Code |
| Phone Number(Home) | (Cell)     | Social Security Number |          |
| Email Address      |            |                        |          |

|                                                                                                                                                |                              |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Are you legally eligible for employment in the United States?<br>(Proof of U.S. citizenship or Immigration status is required upon employment) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you ever been convicted of a felony?<br>(Conviction will not necessarily disqualify an applicant from employment)                         | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you ever been employed with us before?<br>If yes, give hire date and department _____                                                     | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do any of your relatives work here?<br>If yes what department? _____                                                                           | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Are you currently employed?                                                                                                                    | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| May we contact your present employer?                                                                                                          | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Can you travel if the job requires it?                                                                                                         | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you have a valid Kansas Driver's License if the job requires it?<br>DL # _____ CDL designation _____                                        | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Are you willing to work overtime if required?                                                                                                  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Are you capable of performing, with or without a reasonable accommodation, the essential functions of the job for which you have applied?      | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| On what date are you available to work?                                                                                                        |                              |                             |



**Other Qualifications.** Summarize any special training, skills, or characteristics of yourself that may qualify you as being able to perform job related functions for the position for which you are applying.

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**Additional Information.** State any additional information you feel may be helpful to us in considering your application.

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**References**

**Please list three professional references not related to you.**

|           |  |              |     |
|-----------|--|--------------|-----|
| Full Name |  | Relationship |     |
| Company   |  | Phone        | ( ) |
| Address   |  |              |     |

|           |  |              |     |
|-----------|--|--------------|-----|
| Full Name |  | Relationship |     |
| Company   |  | Phone        | ( ) |
| Address   |  |              |     |

|           |  |              |     |
|-----------|--|--------------|-----|
| Full Name |  | Relationship |     |
| Company   |  | Phone        | ( ) |
| Address   |  |              |     |

## EMPLOYMENT HISTORY

List your work history, beginning with your most recent job. Emphasize your specific tasks, supervisory or technical responsibilities. Give special attention to experience related to the job for which you are applying.

|                        |                  |                         |                    |                 |
|------------------------|------------------|-------------------------|--------------------|-----------------|
| <b>Employer's Name</b> |                  | Type of business:       |                    |                 |
| Employers Address      |                  | Employer's Phone Number |                    |                 |
| Your Job Title         | From: (mm/dd/yy) | To: (mm/dd/yy)          | Hours per week:    | Current Salary: |
| Supervisor's Name      |                  |                         | Reason for leaving |                 |
| Duties:                |                  |                         |                    |                 |

|                        |                  |                         |                    |                 |
|------------------------|------------------|-------------------------|--------------------|-----------------|
| <b>Employer's Name</b> |                  | Type of business:       |                    |                 |
| Employer's Address     |                  | Employer's Phone Number |                    |                 |
| Your Job Title         | From: (mm/dd/yy) | To: (mm/dd/yy)          | Hours per week:    | Current Salary: |
| Supervisor's Name      |                  |                         | Reason for leaving |                 |
| Duties:                |                  |                         |                    |                 |

|                        |                  |                         |                    |                 |
|------------------------|------------------|-------------------------|--------------------|-----------------|
| <b>Employer's Name</b> |                  | Type of business:       |                    |                 |
| Employer's Address     |                  | Employer's Phone Number |                    |                 |
| Your Job Title         | From: (mm/dd/yy) | To: (mm/dd/yy)          | Hours per week:    | Current Salary: |
| Supervisor's Name      |                  |                         | Reason for leaving |                 |
| Duties:                |                  |                         |                    |                 |

**EMPLOYMENT HISTORY CONTINUED:**

|                        |                  |                         |                    |                 |
|------------------------|------------------|-------------------------|--------------------|-----------------|
| <b>Employer's Name</b> |                  | Type of business:       |                    |                 |
| Employer's Address     |                  | Employer's Phone Number |                    |                 |
| Your Job Title         | From: (mm/dd/yy) | To: (mm/dd/yy)          | Hours per week:    | Current Salary: |
| Supervisor's Name      |                  |                         | Reason for leaving |                 |
| Duties:                |                  |                         |                    |                 |

|                        |                  |                         |                    |                 |
|------------------------|------------------|-------------------------|--------------------|-----------------|
| <b>Employer's Name</b> |                  | Type of business:       |                    |                 |
| Employer's Address     |                  | Employer's Phone Number |                    |                 |
| Your Job Title         | From: (mm/dd/yy) | To: (mm/dd/yy)          | Hours per week:    | Current Salary: |
| Supervisor's Name      |                  |                         | Reason for leaving |                 |
| Duties:                |                  |                         |                    |                 |

|                        |                  |                         |                    |                 |
|------------------------|------------------|-------------------------|--------------------|-----------------|
| <b>Employer's Name</b> |                  | Type of business:       |                    |                 |
| Employer's Address     |                  | Employer's Phone Number |                    |                 |
| Your Job Title         | From: (mm/dd/yy) | To: (mm/dd/yy)          | Hours per week:    | Current Salary: |
| Supervisor's Name      |                  |                         | Reason for leaving |                 |
| Duties:                |                  |                         |                    |                 |

| <b>SPECIALIZED SKILLS.</b> Check all skills and list all equipment/machinery operated that may apply.                                                                      |                                                                                                                                                                     |                                      |                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------|
|                                                                                                                                                                            |                                                                                                                                                                     | Equipment/ Machinery Operated (list) | Other (list)            |
| <input type="checkbox"/> Microsoft Word<br><input type="checkbox"/> Microsoft Excel<br><input type="checkbox"/> Microsoft PowerPoint<br><input type="checkbox"/> GIS/ORION | <input type="checkbox"/> Electronic Calculator<br><input type="checkbox"/> Quick Books<br><input type="checkbox"/> PC<br><input type="checkbox"/> Internet Explorer | <hr/> <hr/> <hr/> <hr/>              | <hr/> <hr/> <hr/> <hr/> |

I hereby authorize Chautauqua County to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions and references. I also hereby release from liability Chautauqua County and its representatives for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment; accordingly, either the employer or I can terminate the relationship at will, at any time, so long as there is no violation of applicable federal or state law.

Chautauqua County is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

I understand that Chautauqua County will not refuse to hire a qualified individual with a disability because of that person's need for an accommodation that would be required by the ADA. I understand that I may be asked to undergo a pre-employment physical examination and/or drug screen, and I authorize the release of any job-related medical information from this examination/drug screen to Chautauqua County. I understand that if this examination/drug screen reveals the need for further examination, testing, or treatment, such further examination, testing or treatment will be at my sole expense.

I understand my driving record may be reviewed. I understand I may be required to complete any pertinent testing (i.e. typing, keyboarding, ten key, written exams, and physical ability testing), prior to offer of employment.

Completing an application does not imply you will be interviewed or hired. If you are offered employment, it may be necessary to pass a background investigation, physical examination and/or drug screen. Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a Human Resources representative.

I also understand that if I am employed I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit proof within the required time shall result in immediate termination of employment.

I hereby represent that the information provided is correct and complete to the best of my knowledge. I understand that any incorrect, incomplete or false statements or information furnished by me may void this application or subject me to discharge at any time after employment.

Printed Name of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

| <b>DEPARTMENT USE ONLY</b> |                 |    |                    |
|----------------------------|-----------------|----|--------------------|
| Arrange interview          | YES             | NO | Remarks            |
| Interviewer:               | Date:           |    | Employed YES NO    |
| Date of Employment         | Job Title/Grade |    | Hourly Rate/Salary |
| Department                 |                 |    |                    |