

JACKSON COUNTY HIGHWAY DEPARTMENT

APPLICATION FOR EMPLOYMENT

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, SEXUAL ORIENTATION, OR ANY OTHER LEGALLY PROTECTED STATUS.

(PLEASE PRINT)

POSITION(S) APPLIED FOR:	DATE OF APPLICATION:
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LAST NAME	FIRST NAME	MIDDLE NAME
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ADDRESS	CITY	STATE	ZIP CODE
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TELEPHONE NUMBER(S) – BEST NUMBER(S) TO BE REACHED	EMAIL
1. _____ 2. _____ 3. _____	

Have you ever filed an application with us before? YES ___ NO ___
If yes give date _____

Have you ever been employed with us before? YES ___ NO ___
If yes give date _____

Are you currently employed? YES ___ NO ___

May we contact your present employer? YES ___ NO ___

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? YES ___ NO ___
Proof of citizenship or immigration status will be required upon employment

On what date would you be available for work? _____

Are you available to work: FULL TIME _____ PART TIME _____ TEMPORARY _____

Are you currently on "lay-off" status and subject to recall? YES ___ NO ___

Do you possess a valid driver's license? YES ___ NO ___

Would you be willing to participate in a pre-employment:

	Physical Exam	YES ___ NO ___
	Background Check	YES ___ NO ___
	Motor Vehicle Report Review	YES ___ NO ___

Do you have a bookkeeping/accounting background that will meet the essential job duties listed? YES ___ NO ___

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA DEGREE
ELEMENTARY SCHOOL				
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
OTHER (SPECIFY)				

ADDITIONAL INFORMATION

DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY:

SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE

DESCRIBE ANY SPECIALIZED TRAINING, INTERNSHIPS, APPRENTICESHIPS, SKILLS, ETC. NOT LISTED ABOVE THAT WOULD ASSIST IN REVIEWING THIS APPLICATION FOR THE JOB POSITION YOU ARE APPLYING:

EMPLOYMENT EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB. INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES. YOU MAY EXCLUDE ORGANIZATIONS WHICH INDICATE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITIES OR OTHER PROTECTED STATUS.

1. EMPLOYER		DATES EMPLOYED FROM TO		WORK PERFORMED
ADDRESS				
TELEPHONE NUMBER(S)		HOURLY RATE/SALARY STARTING FINAL		
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				
2. EMPLOYER		DATES EMPLOYED FROM TO		WORK PERFORMED
ADDRESS				
TELEPHONE NUMBER(S)		HOURLY RATE/SALARY STARTING FINAL		
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				
3. EMPLOYER		DATES EMPLOYED FROM TO		WORK PERFORMED
ADDRESS				
TELEPHONE NUMBER(S)		HOURLY RATE/SALARY STARTING FINAL		
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				
4. EMPLOYER		DATES EMPLOYED FROM TO		WORK PERFORMED
ADDRESS				
TELEPHONE NUMBER(S)		HOURLY RATE/SALARY STARTING FINAL		
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				

IF ADDITIONAL SPACE IS NEEDED, PLEASE CONTINUE ON BACK

REFERENCES (other than a relative or past employer)

1.	_____	_____	_____
	(NAME)	(ADDRESS)	(PHONE #)
2.	_____	_____	_____
	(NAME)	(ADDRESS)	(PHONE #)
3.	_____	_____	_____
	(NAME)	(ADDRESS)	(PHONE #)

SPECIALIZED SKILLS (INDICATE Y OR N)

COMPUTER SKILLS

- _____ PROFICIENCY WORKING WITHIN WINDOWS ENVIRONMENT
- _____ EXTENSIVE EXPERIENCE USING MICROSOFT WORD (BUSINESS CORRESPONDENCE)
- _____ EXTENSIVE EXPERIENCE USING EXCEL (SPREADSHEETS) AND OUTLOOK (EMAIL SERVER)
- _____ EXPERIENCE USING MICROSOFT ACCESS (DATABASE)
- _____ EXPERIENCE USING BS&A FINANCIAL SOFTWARE

DESCRIBE ALL OTHER COMPUTER SKILLS (PROGRAMS / OPERATING SYSTEMS USED AND HOW) : _____

BOOKKEEPING SKILLS

- _____ PREPARED PAYROLL
- _____ PREPARED INCOME / EXPENSE STATEMENTS
- _____ PREPARED VARIOUS MONTHLY / QUARTERLY / ANNUAL FINANCIAL REPORTS
- _____ PREPARED INVOICES
- _____ EXPERIENCE IN WORKING WITH A FINANCIAL AUDIT

DESCRIBE ALL OTHER BOOKKEEPING / ACCOUNTING SKILLS: _____

OFFICE SKILLS

EXPERIENCE WITH:

- _____ FAX _____ COPIER _____ EMAIL _____ SCANNING DOCUMENTS _____ TYPING (LIST WPM) _____
- _____ DOCUMENT FILING/RETRIEVAL _____ WORKING WITH CUSTOMERS _____ WORKING WITH VENDORS

DESCRIBE ALL OTHER OFFICE SKILLS: _____

YOU HAVE BEEN GIVEN A WRITTEN JOB DESCRIPTION LISTING THE ESSENTIAL JOB FUNCTIONS OF THE POSITION FOR WHICH YOU HAVE APPLIED AS WELL AS A LIST OF TYPICAL BOOKKEEPING DUTIES. PLEASE REVIEW THE JOB DESCRIPTION AND BOOKKEEPING DUTIES AND ANSWER THE FOLLOWING QUESTION.

ARE YOU ABLE TO PERFORM EACH OF THE ESSENTIAL JOB FUNCTIONS LISTED FOR THE POSITION OF WHICH YOU HAVE APPLIED? _____

IF NO, LIST THE FUNCTION(S) YOU ARE UNABLE TO PERFORM AND EXPLAIN WHY YOU ARE UNABLE TO PERFORM THEM. IF YOU ARE UNABLE TO PERFORM ANY OF THE ESSENTIAL JOB FUNCTIONS, PLEASE INDICATE ANY REASONABLE ACCOMMODATION THAT WOULD ENABLE YOU TO PERFORM THESE FUNCTIONS.

By signing this application for employment below I understand and agree that:

All answers and other information on this application are true and that any misrepresentation or omission of the facts on my part will be justification for refusal of employment, or if employed, termination from employment.

The employer will make a thorough investigation of my work history and may verify all information given in my application for employment, related documents or statements during oral interviews. I authorize such investigation and the giving and receiving of any such information.

I understand that falsification of information or other information discovered not in keeping with the standards of Jackson County may prevent my hire, or if hired, may subject me to dismissal.

The employer follows an employment at will policy in that I or the employer may terminate my employment at any time or for any reason consistent with the applicable state and federal laws.

My employment may be terminated by this employer at any time without liability for wages or salary except such as may have been earned at the date of such termination following the employment policies of Jackson County and specifically the Jackson County Highway Department. If requested by an authorized representative of the Department, I agree to the search of my person and/or my work related items that may be assigned to me, and hereby waive all claims for damages on account of such examination.

Any offer of employment is contingent upon my successful passage of any pre-employment physical testing required by the employer and any review of my motor vehicle record at the employer's expense to insure my job fitness for this position. I authorize the release of all parties associated with this testing, including physicians, hospitals or other related medical staff, to release any information which may be necessary to determine my ability to perform the duties for the job I am being considered for prior to employment or in the future during my employment with the employer. Any refusal of testing shall be considered a voluntary withdrawal of my application for employment without recourse.

This is an application for employment and no employment is being offered at this time.

Any employment that results from this application shall be for an indefinite period of time and that the employer can change wages, benefits, conditions or policies at any time.

SIGNATURE OF APPLICANT

DATE