

# APPLICATION FOR EMPLOYMENT

## DOUGLAS COUNTY

AN EQUAL OPPORTUNITY EMPLOYER

### COMPANY/PERSONAL INFORMATION

DATE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE & ZIP

PERMANENT ADDRESS \_\_\_\_\_  
STREET CITY STATE & ZIP

PHONE NO. \_\_\_\_\_

### EMPLOYMENT DESIRED

POSITION \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

HAVE YOU EVER APPLIED TO DOUGLAS COUNTY BEFORE? \_\_\_\_\_

*\*The Age discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age but less than 70.*

### GENERAL

#### FORMER EMPLOYERS (PAST THREE YEARS OF EMPLOYMENT, STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM			
TO			
FROM			
TO			
FROM			
TO			

(ATTACH ADDITIONAL SHEET IF NECESSARY)

**REFERENCES:** LIST THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

***PLEASE ATTACH YOUR RESUME TO THIS APPLICATION***

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**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

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HIRED:  Yes  No      POSITION \_\_\_\_\_      DATE REPORTING TO WORK \_\_\_\_\_