

COUNTY OF GREENE
An Equal Opportunity Employer



APPLICATION FOR EMPLOYMENT

The County of Greene is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, political affiliation, or physical or mental disability.

Position Applied for: _____

PART I - - PERSONAL

Full Legal Name: _____
(Last Name, First Name, Middle)

Present Address: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

E-mail Address: _____

PART II - - EDUCATION:

Do you have a high school diploma or GED equivalent?

Yes

No

If no, what is the highest grade that you completed? _____

Name and location (city/state) of college(s) or university(ies) attended	Degree Received	Major or Specialty	Dates Attended

Other training (including business, trade, military or correspondence schools)		
Name and location of school (city & state)	Type of Training	Year

Please describe special qualifications relevant to the position for which you are applying which are not covered elsewhere in your application (such as professional licenses or certificate, skills in the operation of machines / equipment, technical skills, volunteer work, military experience, professional development activities, or other special training).

PART III - - WORK EXPERIENCE List jobs starting with the present and working back

May your present employer be contacted? Yes No

<p>A Position</p> <p>Employer (company or organization)</p> <hr/> <p>Address: _____</p> <hr/> <p>Phone Number: _____</p> <p>Type of business: _____</p> <p>Immediate Supervisor: _____</p> <p>Title: _____</p> <p>Salary (start) _____ (finish) _____</p> <p>Dates (mo/yr) _____ to (mo/yr) _____</p> <p><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p> <p>Number of hours worked per week _____</p>	<p>Describe your duties, responsibilities, and accomplishments below:</p> <p>Number of employees you supervised _____</p> <p>Equipment Used _____</p> <p>Your name if different from present _____</p> <hr/> <p>Reason for Leaving:</p>
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<p>B Position</p> <p>Employer (company or organization)</p> <hr/> <p>Address: _____</p> <hr/> <p>Phone Number: _____</p> <p>Type of business: _____</p> <p>Immediate Supervisor: _____</p> <p>Title: _____</p> <p>Salary (start) _____ (finish) _____</p> <p>Dates (mo/yr) _____ to (mo/yr) _____</p> <p><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p> <p>Number of hours worked per week _____</p>	<p>Describe your duties, responsibilities, and accomplishments below:</p> <p>Number of employees you supervised _____</p> <p>Equipment Used _____</p> <p>Your name if different from present _____</p> <hr/> <p>Reason for Leaving:</p>
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<p>C Position</p> <p>Employer (company or organization)</p> <hr/> <p>Address: _____</p> <hr/> <p>Phone Number: _____</p> <p>Type of business: _____</p> <p>Immediate Supervisor: _____</p> <p>Title: _____</p> <p>Salary (start) _____ (finish) _____</p> <p>Dates (mo/yr) _____ to (mo/yr) _____</p> <p><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p> <p>Number of hours worked per week _____</p>	<p>Describe your duties, responsibilities, and accomplishments below:</p> <p>Number of employees you supervised _____</p> <p>Equipment Used _____</p> <p>Your name if different from present _____</p> <hr/> <p>Reason for Leaving:</p>
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PART IV - - REFERENCES List three professional persons who know you and your qualifications.

NAME	ADDRESS	PHONE	RELATIONSHIP
1.			
2.			
3.			

PART V - - MISCELLANEOUS

Are you a citizen of the U.S. or are you otherwise legally eligible for employment in the U.S.? Yes No
 Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to effect should you be employed.

Do you have a valid driver's license? (Answer only if required for the position) Yes No
 License Number _____ State _____ Exp. Date _____

Do you authorize the County to check your driving record, both now and on a periodic random basis during Employment, for repeated or significant traffic violations? Yes No

Typing speed _____ (Answer only if required for the position)
 Word Processing skills? Yes No

When will you be available to start work? _____ Month _____ Day _____ Year

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at decisions regarding my employment or continued employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Greene County.

 Signature of Applicant

 Date