

**County of Chase Roads Department
Application For Employment**

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

Personal Information

Name: _____ Date: _____

Present Address: _____

Permanent Address: _____

Phone Number: _____

Are you 18 years or older? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration? Yes No

Employment Position Desired:

Position: _____ Available Start Date: _____

Are you currently employed? Yes No If yes, may we inquire of your present employer?

Ever applied to this company before? Yes No If yes, when?

Referred by: _____

| Education: | Name and location of school | *No. of years attended | *Did you graduate? | Subjects Studied |
|------------------------------------------|-----------------------------|------------------------|-------------------------------------------------------------|------------------|
| Grammar School | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| High School | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Trade, Business or Correspondence School | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

General:

Subjects of special study or research work _____

Special Skills _____

Activities: (Civic, Athletic, etc) _____

(Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members)

U.S. Military or Naval Service _____ Rank: _____

Present Membership in National Guard or Reserves? Yes No

*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991

Continued on the other side

County of Chase Roads Department

| Former Employers: (List below last three employers with last one first.) | | | | |
|---------------------------------------------------------------------------------|----------------------------|---------|-----------|---------------------|
| Date: Month/Year | Name/address of employers: | Salary: | Position: | Reason for Leaving: |
| From: | | | | |
| To: | | | | |
| From: | | | | |
| To: | | | | |
| From: | | | | |
| To: | | | | |
| From: | | | | |
| To: | | | | |

Which of these jobs did you like best?

What did you like most about this job?

| References: (Give the names of three persons not related to you, whom you have known at least one year.) | | | |
|-----------------------------------------------------------------------------------------------------------------|----------|-----------|-------------------|
| Name: | Address: | Business: | Years Acquainted: |
| 1. | | | |
| 2. | | | |
| 3. | | | |

The following statement applies in: Maryland & Massachusetts

It is unlawful in the state of _____ to require or administer a lie detector test. As a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability

| | | |
|-------------------------------------|----------|---------------|
| Signature of Applicant: | | |
| In case of Emergency Notify: | | |
| Name: | Address: | Phone Number: |

"I certify that all the information submitted by me on this application is true and complete, and i understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if i am employed. My employment may be terminated at any time. In consideration of my employment, i agree to conform to the company's rules and regulations, and i agree that my employment and compensation can be terminated, with or without cause. And with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than it's president, and then only when in wrong and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing

| | |
|-------|------------|
| Date: | Signature: |
|-------|------------|

County of Chase Roads Department

Chase County Commissioners

Authority for Release of Information

| | |
|--------------------|-------------------|
| Name of Applicant: | |
| Date of Birth: | Driver's License: |
| Any of Aliases: | |
| Date: | |

This release, when presented by a duly authorized representative of the **Chase County Commissioners**, constitutes my consent and authority to receive statements and information regarding criminal convictions, education, employment, personal history, residential, credit, performance, attendance, disciplinary, arrest and conviction records. Chase County Roads Department may use such information, statements or records within the scope of their official duties and responsibilities, and that a copy of the release of information can serve as the original form.

I hereby release any institutions, their officers, agents and/or employees from any and all liabilities for damages of whatever kind of nature, which may result on account of compliance with this authorization.

This authorization is given for the purpose of a background investigation being conducted to my application for employment with the **Chase County Roads Department**.

Applicant's Signature: _____

Applicant's Address: _____

Date: _____ Witness: _____