



# LINN COUNTY APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, gender, religion, national origin, disability, or other protected classification. If you need any assistance in completing this form please let us know.

Position Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

Name (First)	MI	Last	Home Telephone #
Address			Business or Message #
City	State	Zip	Email
Are you a US citizen or are you authorized by the INS to work in this country?		Yes ___ No ___	Who referred you to us? Agency ___ Employee ___ Ad ___ Other ___
Are you 18 years old or older?		___ ___	Driver's License #
Have you ever been convicted of a felony?		___ ___	Date available for work
Are you currently employed?		___ ___	Are you available to work: Full-Time ___ Part-Time ___ Shift Work ___ Temporary ___
May we contact your present employer?		___ ___	
Are you willing to work overtime if required?		___ ___	
Are you capable of performing the essential functions of the job for which you have applied?		___ ___	
Do you have a high school diploma or GED?		___ ___	
Do you have a valid driver's license?		___ ___	
Do you have a valid CDL?		___ ___	
Are you related to any current Linn County Employees? if so, who? _____		___ ___	What is your relation? _____

### Employment Experience

Start with your present or last job.

1. Employer	Dates Employed From _____ To _____
Address	Hourly Rate Starting _____ Ending _____
Telephone #	Work Performed
Reason for Leaving	
2. Employer	Dates Employed From _____ To _____
Address	Hourly Rate Starting _____ Ending _____
Telephone #	Work Performed
Reason for Leaving	
3. Employer	Dates Employed From _____ To _____
Address	Hourly Rate Starting _____ Ending _____
Telephone #	Work Performed
Reason for Leaving	

**Linn County is an Equal Opportunity Employer.**

## SKILLS & QUALIFICATIONS

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EDUCATIONAL BACKGROUND

Name & Location	Years Completed	Did You Graduate?		Course of Study
High School				
College		Major	Degree	
Other				

## REFERENCES

Name	Telephone	Years Known

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application, I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days.

This application does not constitute an agreement or contract for employment for any specified period or definite duration.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature \_\_\_\_\_

Date \_\_\_\_\_