



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 a military veteran?		_____	Driver's License #
Are you 18 years old or older?		_____	
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 # _____ Email _____	Work Performed
Reason for Leaving	
2. Employer	Dates Employed From _____ To _____
Address	Hourly Rate Starting _____ Ending _____
Telephone # _____ Email _____	Work Performed
Reason for Leaving	
3. Employer	Dates Employed From _____ To _____
Address	Hourly Rate Starting _____ Ending _____
Telephone # _____ Email _____	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	Email	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_____



LINN COUNTY AUTHORIZATION TO PERFORM BACKGROUND CHECK

(Initial each item if approved)

_____ I understand that Linn County may do a background check for security reasons, including, but not limited to, a check of criminal records and verification of my identity.

_____ I grant permission for Linn County to do the above described background check.

_____ I willingly provide the following information necessary to perform the described background check and I understand that this information will be used solely for the purpose of doing the described background check and will not otherwise be used to evaluate my application. I understand that this form will be kept separate from my application form unless and until I have been offered employment by Linn County.

Name (First)	MI	Last	Date of Birth
Other Names I have Gone By			
Current Address			Social Security Number
City	State	Zip	Email
Previous Address			Driver's License or ID #
City	State	Zip	State DL or ID Issued From

Signature_____

Date_____