

Veteran of the U.S. Military service? Yes No If Yes, Branch _____

Indicate languages you speak, read, and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status):

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Disabilities.

Government contractors are subject to 38 USC 2012 of the Viet Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled individuals.

If you are a disabled veteran, or have a physical or mental disability **you are invited to volunteer this information** which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

- Disabled Individual Disabled Veteran Vietnam Era Veteran

Signed _____

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, sex, national origin, disability or other protected status.

1	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
Supervisor					
Reason for Leaving					
2	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
Supervisor					
Reason for Leaving					
3	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
Supervisor					
Reason for Leaving					
4	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
Supervisor					
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications

acquired from employment or other experience. _____

Education

	Elementary					High				College/University				Graduate/ Professional			
School Name																	
Years Completed/Degree	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma Degree																	
Describe Course Of Study:																	
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities																	

Honors Received: State any additional information you feel may be helpful to us in considering your application.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

It is my understanding the Box Elder County will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Box Elder County and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.

I agree that my employment may be terminated by Box Elder County at any time without liability for wages or salary except such as may have been earned at the date of such termination.

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory; overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to the effect is executed by the employer and the employee in writing.

I understand that if I am employed, such employment is for no definite period of time and that Box Elder County can change wages, benefits and conditions at any time.

I understand, also, that I am required to abide by all rules and regulations of the employer.

I have read and understand the above.

Signature of Applicant

Date