Stanley County Highway Department
Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

Position Applied For	Date of Application

How did you hear about this position?

_____ Advertisement _____ Relative _____ Inquiry

_____ Employment Agency _____ Friend _____ Other

Last Name	First Name	Middle Name

Address	City	State/Zip

Phone Number(s)	

Best time to contact you …… am pm

Have you ever filed an application with Stanley County before? …….. Y N

If Yes, give date …… _____

Have you ever4 been employed with Stanley County before? …….. Y N

If Yes, give date …… _____

Do any of your friends or relatives work here? …… Y N

If Yes, please give name of friend or relative …….. _____

Are you currently employed? …… Y N

May we contact your present employer? …… Y N

Are you prevented from being lawfully employed in the USA due to Visa/Immigration status? Y N

Proof of citizenship or immigration status will be required upon employment.

Date available for work _____ \ _____ \ _____ Desired salary range _____

Are you available to work Full Time? …….. Y N

Are you currently on "lay-off" status and subject to recall? …….. Y N

Are you available to work weekends or holidays due to inclement weather or emergencies? Y N

STANLEY COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name/Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any job-related training received in the United States Military:

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

1. Employer		Dates Employed		Work Performed
		From	To	
Address				
Phone Number(s)				
Job Title	Supervisor	Hourly wage/Salary		
		Starting	Final	
Reason for leaving:				
				May we contact employer? YES NO

2. Employer		Dates Employed		Work Performed
		From	To	
Address				
Phone Number(s)				
Job Title	Supervisor	Hourly wage/Salary		
		Starting	Final	
Reason for leaving:				

3. Employer		Dates Employed		Work Performed
		From	To	
Address				
Phone Number(s)				
Job Title	Supervisor	Hourly wage/Salary		
		Starting	Final	
Reason for leaving:				

4. Employer		Dates Employed		Work Performed
		From	To	
Address				
Phone Number(s)				
Job Title	Supervisor	Hourly wage/Salary		
		Starting	Final	
Reason for leaving:				

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

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

Additional Information

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or experience.

Specialized skills and Equipment Operated: List Skills and/or Equipment Operated

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

Note to Applicants: **DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? (A review of the activities involved in this job or occupation is included with this application.) YES_____ NO_____

References:

1.	Name	Phone #'s
		Email
	Address	
		Relationship (if any) to applicant
2.	Name	Phone #'s
		Email
	Address	
		Relationship (if any) to applicant
3.	Name	Phone #'s
		Email
	Address	
		Relationship (if any) to applicant

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. it is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

Signature of Applicant	Date