

# Boone County Government

## Application For Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(Please Print)

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source:  Internet  Newspaper  Friend/Relative

Employment Agency  Walk-In  Other \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip Code

Telephone Number \_\_\_\_\_

If employed and you are under 18,  
Can you furnish a work permit?  Yes  No

Have you filed an application here before?  Yes  No If Yes, when \_\_\_\_\_

Have you ever been employed here before?  Yes  No If Yes, when \_\_\_\_\_

Are you employed now?  Yes  No

If you are employed, may we contact your present employer?  Yes  No

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

(Proof of citizenship or immigration status  
may be required upon employment.)

On what date would you be available for work? \_\_\_\_\_

Are you available to work  Full-Time  Part-Time  Shift  Temporary

Are you on a lay-off and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Veteran of the U.S. Military Service?  Yes  No If yes, Branch \_\_\_\_\_

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

	Fluently	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held.

(Exclude those which indicate race, color, religion, sex, or national origin): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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 Physical or Mental Handicaps.**

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which required that they take affirmative action to employ and advance in employment qualified disabled veterans and 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 handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

Handicapped Individual    Disabled Veteran    Vietnam Era Veteran

Signed \_\_\_\_\_

## Employment Experience

Start with your present or last job. Include Military service assignments and volunteer activities.  
Exclude organization names that indicate race, color, religion, sex, or national origin.

1.

Employer	Dates Employed		Work Performed
Address	From	To	
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	

2.

Employer	Dates Employed		Work Performed
Address	From	To	
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	

3.

Employer	Dates Employed		Work Performed
Address	From	To	
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	

4.

Employer	Dates Employed		Work Performed
Address	From	To	
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	

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

**Special Skills and Qualifications** (acquired from employment or other experience):

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## Education

	Elementary	High School	College/ University	Graduate/ Professional
School Name				
Years Completed:(Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree:				
Course of Study:				

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

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### **Equal Opportunity Employment Statement**

Boone County is an equal opportunity employer and adheres to the principles and practices outlined in applicable federal, state and local laws and regulations that prohibit discrimination in employment and hiring. It is the policy and practice of the County to hire, train, promote, compensate and administer all employment practices without regard to race, color, ancestry, national origin, religion, age, sex, sexual orientation, veteran status, medical condition, pregnancy or physical or mental disabilities unrelated to the ability to perform essential job functions with or without reasonable accommodations.

**AGREEMENT**

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.

I authorize Boone County to make inquiries to my character, employment record and other matters to verify my employment and release to Boone County. I further understand that such inquiries will include checking police records for convictions. I understand that I may request reasonable accommodations, if needed, due to disability, in order to participate in the overall application process.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid.

I understand that prior to being offered employment with Boone County; I may be requested to take an employment examination. In the event I have a disability, which will affect my ability to take the test, I will so inform Boone County prior to the administration of that test so that a reasonable accommodation can be made. Boone County reserves the right to require medical documentation concerning the need for the accommodation.

If hired, I agree to comply with all current and future rules, regulations and employment policies of Boone County and understand that all rules, regulations and policies relating to conditions of employment are subject to modification by Boone County without notice.

I understand that this application will be kept on active file for at least thirty (30) days from the date completed, after which time I may have to reapply in accordance with the established County procedures.

I understand that I am not obligated to disclose criminal history information ordered expunged, sealed or impounded.

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Signature of Applicant

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Date

## Affirmative Action Survey

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Government agencies require periodic reports on the sex, ethnicity, handicapped, and veteran status of applicants. This data is for analysis and affirmative action only. Submission about a handicap is **voluntary**.

Check one:

Male       Female

Check one of the following:

Race/Ethnic Group:  White       Black       Hispanic  
 American Indian/Alaskan Native       Asian/Pacific  
Islander

Check if any of the following are applicable:

Vietnam Veteran       Disabled Veteran       Handicapped Individual