CARROLL COUNTY APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should notify the supervisor of the department at which you are applying. We consider all 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.

POSITION																
Position Applied For											Date of Application					
How did you hear about the position?						Date available for					or work					
What is your desired salary range or rate of pay?																
Type of employment desired Full Time							Part Time					Seasona	Seasonal			
APPLICANT INFORMATION																
Last Name	e					Fir	st								M.I.	
Street Address							Apartn						ment/Ur	nit #		
City						State		ZIP								
Phone						E-mail	l									
Best time to contact you?																
Have you ever submitted an application to Carroll County? YES NO I If yes,								when?								
Have you ever been employed by Carroll County? YES NO If yes, when?																
Are you legally eligible for employment in the United						1 States?					YE	s 🗆		NO 🗌		
If you are under 18, can you furnish a work permit?													YE	YES NO		NO 🗌
Do you have a valid driver's license? YES NO State/Number:																
Are you able to meet all of the attendance requirements						nts of th	s of this position?						YE	YES 🗌		NO 🗌
Are you able to work overtime if necessary?													YE	YES 🗌		NO 🗌
Will you travel if the position requires it?									YES 🗌			NO 🗌				
Do you have any friends or relatives currently employed by Carroll County?						es 🗆	NO	IO 🔲 If yes, who?								
EDUCATION																
High Scho	ool			1		Addre	ss									
From		То		Did you grad	luate	e?	YES		NO		Degre	e				
College						Addre	ss									
From		То		Did you grad	luate	e?	YES		NO		Degre	e				
Other		-				Addre	ss									

YES

NO Degree

Did you graduate?

То

From

EMPLOYMENT HISTORY

Phone

Name

Phone

exclude a	ny organ	izations		eveal ra	ice, color, re	ligion	n, sex, nat	ional o	lude any relevant vol rigin, citizenship, ago			
Company							Phone					
Address								Supervisor				
Job Title		Ending Sal					\$		May we contact?	YES 🗌	NO 🗌	
Responsibilities					·							
From To			Reason	for Leaving								
Company					Phone							
Address					Supervisor							
Job Title					Ending Sala	ary	\$		May we contact?	YES 🗌	NO 🗌	
Responsibilities												
From		То		Reason	for Leaving							
Company						Phone						
Address					Supervisor							
Job Title		Ending S				ary	\$	I	May we contact?	YES 🗌	NO 🗌	
Responsibilities				1								
From	From To		Reason for Leaving									
Please explain any gaps in employment												
Have you ever been fired or as		r asked to resi	ign from a job? Y			ES 🗌 NO	0 🗌	If yes, explain on se	eparate shee	t		
PROFESSIONAL OR TRADE ORGANIZATIONS												
Please list any relevant professional or trade organizations of which you are a member. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.												
Organization						Office(s) Held						
Organization						Office(s) Held						
REFERE	NCES											
Name				Rela	tionship							
Phone	En					Ema	ul					
Name					Rela	tionship						

Email

Email

Relationship

DISCLAIMER AND SIGNATURE

I certify that all information I have provided in order to apply for and obtain employment with Carroll County is true, complete, and correct. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with Carroll County and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from County service, whenever it is discovered. I give Carroll County the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting Carroll County in providing relevant, job-related information that will assist in this process. I expressly authorize, without reservation, Carroll County, its representatives, members or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding Carroll County, its agents, members or representatives, for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information about me.

I understand that an offer of employment may be contingent upon the successful completion of a pre-employment background criminal investigation, physical, psychological, polygraph, and/or drug and alcohol screen. If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States. If I am hired, I understand that, unless otherwise defined by applicable law, any employment relationship with Carroll County is of an "*at will*" nature, which means that I am free to resign at any time and Carroll County reserves the same right to terminate my employment at any time. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that all conditions of employment including, but not limited to hours, benefits and salary are subject to change by Carroll County at any time. I understand that no representative of Carroll County 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 unless they are in writing and signed by the appropriate Appointing Authority.

DO NOT SIGN UNTIL YOU READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature		Date	
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