Colfax County Equal Employment Opportunity Employer

Application for Employment

This application is good until the position is filled.

Colfax County assures equal employment opportunity to applicants and employees in all aspects of personnel administration without regard to political affiliation, race, color, national origin, sex, age, marital status, pregnancy, mental or physical disability, genetic information, religion, military status, gender identity, sexual orientation, or any other prohibited basis of discrimination, as provided under applicable state and federal law.

FEDERAL LAW OBLIGATES US TO PROVIDE REASONABLE ACCOMMODATION TO THE KNOWN DISABILITIES OF APPLICANTS AND EMPLOYEES, UNLESS TO DO SO WOULD POSE AN UNDUE HARDSHIP. PLEASE FEEL FREE TO LET US KNOW IF YOU NEED AN ACCOMMODATION TO COMPLETE THE APPLICATION PROCESS OR TO PERFORM ANY ESSENTIAL ELEMENTS OF THE POSITION SOUGHT.

Type of Work Desired (CHECK ALL THAT APPLY):	
Full-Time ☐ Part-Time ☐ Regular ☐ Temporary ☐	
Have you ever been employed here before? ☐ Yes ☐ No II	f yes, give date:
Have you filed an application here before? ☐ Yes ☐ No I	f yes, give date:
Applicant's Name (Last, First, Middle Initial):	
Street Address:	
City, State, Zip Code:	
	Work Telephone Number:
	Date Available for Work
	fic as to the source.)
Are you legally authorized to work in the United States? Yes	□ N0
If hired, you will be required to submit documents sufficient to with the Immigration Reform and Control Act of 1986. While status at the time you are interviewed, please be prepared to ass receive an offer of employment.	you need not provide this proof of citizenship or immigration
This position is subject to a veterans preference. Are you eligible	e for and requesting a veterans preference? Yes
[A veteran requesting preference must submit with his/her Applic Defense Form 214. A spouse of a veteran requesting preference	

the veteran's Department of Defense Form 214, a copy of the veteran's disability verification from the United States Department

of Veteran Affairs demonstrating a 100 percent permanent disability rating, and proof of marriage to the veteran.]

EMPLOYMENT RECORD

List below the positions you have held, starting with your present employment. If more than one position or classification has been held with a given organization, list each position or classification as a separate period of employment. Under "Specific Duties," describe clearly the tasks you performed and the nature of your supervisory, technical, or other responsibilities. Please be complete. Your employment history may be verified by contacting previous employers. Volunteer, military, or unpaid experience will be evaluated in the same manner as paid employment and should be entered in the same manner. If you need more space, attach a separate sheet of paper. Please exclude organization names that indicate, for example, race, color, religion, sex, disability, or national origin.

Employment Information	Description of Duties
Employer/Kind of Business	Position Title
Street Address	Specific Duties
Immediate Supervisor/Title	Telephone Number
Dates of Employment (Month/Year) From: To:	Hourly Rate/Salary Starting: Final:
Part-Time	
Reason for Leaving	
Employment Information	Description of Duties
Employer/Kind of Business	Position Title
Street Address	Specific Duties
Immediate Supervisor/Title	Telephone Number
Dates of Employment (Month/Year)	Hourly Rate/Salary
From: To:	Starting: Final:
Part-Time	
Reason for Leaving	
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Employment Information		Description of Duties			
Employer/Kind of Business		Position Title			
Street Address		Specific Duties			
Immediate Supervisor/Title		Telephone Number			
Dates of Employment (Month/Year) From: To:		Hourly Rate/Salary Starting:	Final:		
Part-Time □ Full-Time □					
Reason for Leaving					
	ialized experience that relates to the ce, color, religion, sex, disability,			ide names or terms duate?YesNo	
Post- High School Name of School Major Degree Type					
College/University	ollege/University				
Graduate School					
If required by the job you ha	ve applied for, have you had traini	ing/course work or experie	ence in (please check the	hose that apply):	
Typing	☐ Word Processing	Data Entry	☐ PC/Co	mputer Terminal	
TypingCalculator/AddingMachine	☐ Word Processing☐ Dictation Equipment	☐ Data Entry ☐ Shorthand/Speedw		mputer Terminal	
☐ Calculator/Adding Machine	☐ Dictation Equipment equipment you can operate or skil	☐ Shorthand/Speedw	riting		
☐ Calculator/Adding Machine Please list any other types of	☐ Dictation Equipment	☐ Shorthand/Speedw	riting		
☐ Calculator/Adding Machine Please list any other types of for which you are applying:	Dictation Equipment equipment you can operate or skill LICENSES ANI other authorization to practice a t	☐ Shorthand/Speedw	riting n feel would be an asse	et in the position	
☐ Calculator/Adding Machine Please list any other types of for which you are applying: If a license, certificate, or of	Dictation Equipment equipment you can operate or skill LICENSES ANI other authorization to practice a t	☐ Shorthand/Speedw	riting n feel would be an asse	et in the position	
Calculator/Adding Machine Please list any other types of for which you are applying: If a license, certificate, or capplying, complete the follows	Dictation Equipment equipment you can operate or skill LICENSES ANI other authorization to practice a t	Shorthand/Speedw Ils you possess, which you D CERTIFICATES rade or profession is required.	riting n feel would be an asse	et in the position	
☐ Calculator/Adding Machine Please list any other types of for which you are applying: If a license, certificate, or applying, complete the follow	Dictation Equipment equipment you can operate or skill LICENSES ANI other authorization to practice a t	Shorthand/Speedw Ils you possess, which you D CERTIFICATES rade or profession is required. License Number	riting I feel would be an asse	et in the position	

APPLICANT'S STATEMENT

These answers are true and complete to the best of my knowledge. I understand that any false, omitted, or misleading information in connection with this application or during the interview process will result in rejection of my application or termination of my employment if I am hired, regardless of when discovered.

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the County to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required, depending upon County policy.

I authorize the County to make a thorough investigation of my past employment, education, criminal history, job-related activities, and other relevant background information, and I release from all liability all persons, companies, and corporations providing such information, either in writing or orally. I also indemnify this County against any liability that might result from making such investigation. Furthermore, I authorize the County to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party with an interest that the County deems appropriate.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between Colfax County and myself for either employment or for the providing of any benefit arising from employment. No promises regarding employment have been made to me. I understand that if an employment relationship is established, I have the right to terminate my employment at any time and Colfax County retains the same right, regardless of any oral representations to the contrary. Any changes in this "at will" employment relationship must be made in writing and approved by the County Board.

GN ERE			
	Applicant's Signature (Use Ink)	Date	

NOTE: UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.

NOTE TO COUNTY: The following Application for Employment includes a criminal history inquiry. Remember, state statute prohibits public employers (i.e., an agency or department of this state or of any political subdivision of this state) from asking an applicant to disclose, orally or in writing, information concerning the applicant's criminal record or history, including any inquiry on an employment application, until the public employer has determined that the applicant meets the minimum employment qualifications. This limitation does <u>not</u> apply (1) to any law enforcement agency (e.g., the Sheriff's office), (2) to any position for which a public employer is required by federal or state law to conduct a criminal history record information check, or (3) to any position for which federal or state law specifically disqualifies an applicant with a criminal background.

[Name of County] **Equal Employment Opportunity Employer**

[INCLUDES CRIMINAL HISTORY INQUIRY]

Application for Employment

This application is good for [Number] days or until the position is filled.

[Name of County] assures equal employment opportunity to applicants and employees in all aspects of personnel administration without regard to political affiliation, race, color, national origin, sex, age, marital status, pregnancy, mental or physical disability, genetic information, religion, military status, gender identity, sexual orientation, or any other prohibited basis of discrimination, as provided under applicable state and federal law.

FEDERAL LAW OBLIGATES US TO PROVIDE REASONABLE ACCOMMODATION TO THE KNOWN DISABILITIES OF APPLICANTS AND EMPLOYEES, UNLESS TO DO SO WOULD POSE AN UNDUE HARDSHIP. PLEASE FEEL FREE TO LET US KNOW IF YOU NEED AN ACCOMMODATION TO COMPLETE THE APPLICATION PROCESS OR TO PERFORM ANY ESSENTIAL ELEMENTS OF THE POSITION SOUGHT.

Type of Work Desired (CHECK ALL THAT APPLY):				
Full-Time □ Part-Time □ Regular □ Temporary □				
Have you ever been employed here before? ☐ Yes ☐ No	If yes, give date:			
Have you filed an application here before? ☐ Yes ☐ No	If yes, give date:			
Applicant's Name (Last, First, Middle Initial):				
Street Address:				
City, State, Zip Code:				
Home Telephone Number:	Work Telephone Number:			
Position Applied For:	Date Available for Work			
How did you learn about the job you have applied for? (Be specific as to the source.)				
Are you legally authorized to work in the United States? Tye	es 🗖 No			
with the Immigration Reform and Control Act of 1986. Whi	o establish employment authorization and identity in compliance le you need not provide this proof of citizenship or immigration ssure us that you can do so immediately upon being hired if you			
	d no contest or nolo contendere to, been paroled for, received imposition/execution of sentence or judgment for any felony or iction? ☐ Yes ☐ No			
Do you have any pending criminal charges in any jurisdiction (other than a minor traffic violation) that have not yet been fully resolved or disposed of? Yes No				
If yes to either question, please provide details (date, jurisdiction, crime involved, disposition, current status, etc.):				

(Conviction or pending arrest will not necessarily disqualify you from employment. The recency, severity, and pertinence of the conviction or pending arrest to the job will all be considered.)

This position is subject to a veterans preference. Are you eligible for and requesting a veterans preference?

Yes

[A veteran requesting preference must submit with his/her Application for Employment a copy of the veteran's Department of Defense Form 214. A spouse of a veteran requesting preference must submit with his/her Application for employment a copy of the veteran's Department of Defense Form 214, a copy of the veteran's disability verification from the United States Department of Veteran Affairs demonstrating a 100 percent permanent disability rating, and proof of marriage to the veteran.]

EMPLOYMENT RECORD

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Employer/Kind of Business	Position Title
Street Address	Specific Duties
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Dates of Employment (Month/Year) From: To:	Hourly Rate/Salary Starting: Final:
Part-Time □ Full-Time □	
Reason for Leaving	
Employment Information	Description of Duties
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Part-Time	
Reason for Leaving	

Employer/Kind of Business Position Title		Employment Inf	ormation		D	escription of Duties	
Immediate Supervisor/Title Telephone Number Hourly Rate/Salary From: To: Starting: Final: Part-Time Full-Time Reason for Leaving EDUCATION/SKILLS RECORD Please list education or specialized experience that relates to the position(s) for which you are applying. Exclude names or terms that indicate, for example, race, color, religion, sex, disability, or national origin. Circle Highest Grade Completed: 6 7 8 9 10 11 12 College: 1 2 3 4 5 Did You Graduate?YesNo Post-High School Name of School Major Degree Type College/University Graduate School Major Degree Type If required by the job you have applied for, have you had training/course work or experience in (please check those that apply): Typing	Employ	er/Kind of Business		Position 7	itle		
Dates of Employment (Month/Year) From: To: Starting: Final: Part-Time Full-Time Full-	Street A	address		Specific I	Outies		
From: To: Starting: Final: Part-Time Full-Time Fu	Immedi	ate Supervisor/Title		Telephone	e Number		
EDUCATION/SKILLS RECORD					nte/Salary	Final:	
Please list education or specialized experience that relates to the position(s) for which you are applying. Exclude names or terms that indicate, for example, race, color, religion, sex, disability, or national origin. Circle Highest Grade Completed: 6 7 8 9 10 11 12 College: 1 2 3 4 5 Did You Graduate?YesNo Post- High School Name of School Major Degree Type College/University	Part-Tin	ne 🗖 Full-Time 🗖					
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If required by the job you have applied for, have you had training/course work or experience in (please check those that apply): Typing	Post- High School Name of School Major Degree Type						
If required by the job you have applied for, have you had training/course work or experience in (please check those that apply): Typing	College	e/University					
☐ Typing ☐ Word Processing ☐ Data Entry ☐ PC/Computer Terminal ☐ Calculator/Adding ☐ Dictation Equipment ☐ Shorthand/Speedwriting Machine ☐ Please list any other types of equipment you can operate or skills you possess, which you feel would be an asset in the position for which you are applying:	Gradua	ate School					
☐ Calculator/Adding ☐ Dictation Equipment ☐ Shorthand/Speedwriting Machine Please list any other types of equipment you can operate or skills you possess, which you feel would be an asset in the position for which you are applying:		If required by the job you have	applied for, have you had trainin	g/course w	ork or experience i	n (please check those that ap	oply):
Machine Please list any other types of equipment you can operate or skills you possess, which you feel would be an asset in the position for which you are applying:		☐ Typing	☐ Word Processing	☐ Data Entry ☐ PC/Computer Terminal		rminal	
for which you are applying:			☐ Dictation Equipment ☐ Shorthand/Speedwriting				
			quipment you can operate or skill	s you posse	ss, which you feel	would be an asset in the pos	sition
LICENSES AND CERTIFICATES			I ICENSES AND	CEDTI	EICATES		
If a license, certificate, or other authorization to practice a trade or profession is required for the position for which you are applying, complete the following questions:			ner authorization to practice a tra			for the position for which	you are
Name of Trade or Profession License Number		applying complete the follows	15 4405110115.				
Granted by City and/or State	Nam			License N	Number		
Specialty Licensed From: To:		ne of Trade or Profession					

APPLICANT'S STATEMENT

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Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between [Name of County] and myself for either employment or for the providing of any benefit arising from employment. No promises regarding employment have been made to me. I understand that if an employment relationship is established, I have the right to terminate my employment at any time and [Name of County] retains the same right, regardless of any oral representations to the contrary. Any changes in this "at will" employment relationship must be made in writing and approved by the County Board.

SIGN HERE			
	Applicant's Signature (Use Ink)	Date	

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