

**BLAINE COUNTY DISTRICT 2  
EMPLOYMENT APPLICATION**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**OTHER EMPLOYMENT RELATED INFORMATION**

Check the following options you would consider:    --Full Time    --Part Time    --Temporary

List any relative working for this County: \_\_\_\_\_ If minor, age \_\_\_\_\_

After employment, can you submit a birth certificate or other proof of U.S. citizenship?    --Yes    --No

If not a U.S. Citizen, after employment can you submit verification of your legal right to work permanently in the U.S?    --Yes    --No

Were you previously employed by this County:    --Yes    --No    Date(s)\_\_\_\_\_

Have you ever been convicted of a felony or been convicted of a misdemeanor resulting in imprisonment or a fine over \$500 during the last ten years?    --Yes    --No    (Conviction will not necessarily disqualify an applicant)  
If yes, explain \_\_\_\_\_

**EDUCATION AND TRAINING**

High School \_\_\_\_\_ Address \_\_\_\_\_ Graduated    --Yes    --No

College or University \_\_\_\_\_ Major \_\_\_\_\_ Degree/Year \_\_\_\_\_

Trade School \_\_\_\_\_ Subjects \_\_\_\_\_ Completed    --Yes    --No

Apprentice School \_\_\_\_\_ Subjects \_\_\_\_\_ Completed    --Yes    --No

List any other education, training, special skills, or certificates/licenses that you possess related to this job:

\_\_\_\_\_

List any machines or equipment that you are qualified and experienced at operating \_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

List business persons known; but not related to you, for at least three years:

Name	Title	Business	Phone	Years Known
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

## EXPERIENCES

List the last ten years' work experience beginning with the most recent.

**Employer 1** \_\_\_\_\_ Type of business \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_. Salary or hourly wage \_\_\_\_\_

Brief Description of Duties \_\_\_\_\_

May we contact? --Yes --No Was employment --Full time --Part time

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**Employer 2** \_\_\_\_\_ Type of business \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_. Salary or hourly wage \_\_\_\_\_

Brief Description of Duties \_\_\_\_\_

May we contact? --Yes --No Was employment --Full time --Part time

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**Employer 3** \_\_\_\_\_ Type of business \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_. Salary or hourly wage \_\_\_\_\_

Brief Description of Duties \_\_\_\_\_

May we contact? --Yes --No Was employment --Full time --Part time

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## DRIVERS LICENSE

Do you have a valid driver's license in this state --Yes --No If yes, license # \_\_\_\_\_

License type \_\_\_\_\_ List any moving violations during the last five years on the back of this page.

**POSITION APPLYING FOR:**

- Laborer
- Truck Driver
- Mechanic
- Equipment operator
- Office
- Janitorial
- Courthouse Deputy
- Other (Be specific)\_\_\_\_\_

**APPLICANT'S CERTIFICATION**

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false information contained in this application may result in my discharge.

I authorize you to communicate with all my former employers, school officials and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand that, as this County deems necessary, I may be required to work overtime hours or hours outside a normally defined work day or work week. If employed, I understand and agree that such employment may be terminated at any time for any reason not prohibited by law and without any liability to me for any continuation of salary, wages, or employment related benefits (not required by law).

Signature\_\_\_\_\_ Date\_\_\_\_\_

The filling out and returning of this application to the County does not guarantee employment and does not constitute an offer of employment.

**EEO/ADA Statement:** This County does not discriminate on the basis of religion, sex, age, national origin, political affiliation, mental or physical disability in its hiring or employment practices.