

Next Most Recent Employer:

Name of Employer Area Code Telephone Number

Supervisor's Name/ Title Your Job Title

_____ to _____ Are you still employed with this organization? Yes ___ No ___
Dates Employed

Your ending salary or pay rate _____ Other income _____
[bonuses, incentive, etc.]

May we contact this employer for a job reference? Yes ___ No ___

Reason(s) for leaving _____

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List all other employers for whom you have been employed in the past seven years and dates of employment.

| <u>Name of Employer</u> | <u>Dates Employed</u> |
|-------------------------|-----------------------|
| _____ | _____ to _____ |
| _____ | _____ to _____ |
| _____ | _____ to _____ |

Have you ever been discharged or requested to resign from a position? Yes ___ No ___

Do you have secondary employment that you intend to continue if hired? Yes ___ No ___

If yes, list the secondary employment _____

Your Education and Training

What was the last year of formal education that you completed? _____

High School Attended: _____ College(s): _____

Trade School: _____ Other: _____

Diplomas and Degrees Attained: _____

Certificates, Registrations, & Licensures Achieved: _____

Have you ever had a certificate, license or registration revoked or suspended? Yes ___ No ___

Provide the names and contact information of three (3) personal references that this agency has permission to contact. (Please exclude relatives and former employers.)

| | Name | Occupation | Address | Telephone Number |
|----|------|------------|---------|------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

Applicant Understanding and Agreement

Please read the statements below, and upon your understanding and agreement, sign in the space provided. No application will be considered that is not signed and dated by the applicant.

In signing below, I am verifying that all of the information I've provided is complete, truthful and accurate to the best of my knowledge. I further understand that any misrepresentation or omission of pertinent facts is cause for disqualifying me from further consideration, and if I am hired and the Board discovers that information provided on this application is inaccurate or incomplete, I understand that this may be sufficient cause for separation from employment. I also understand that this application is not a contract of employment with the Clinton County Board of DD.

I understand that the Board is mandated by law to conduct criminal background checks on applicants under final consideration for employment. Likewise, the Board conducts reference and employment verifications. I further understand that if hired, I will be required to submit to and pass a drug screening test and a medical examination.

I understand that as a condition of employment, I shall meet and maintain all required standards of my position including certification, registration, licensure and training. I further understand expenses to maintain these required standards are my financial obligation.

I hereby give Clinton County Board of DD permission to verify any and all information that I have provided on this application and hereby release all parties involved from any and all liability for any damage that may result by providing such information.

Applicant's Signature

Date