



To complete application: print form, fill in, and mail.

## EDUCATION AND TRAINING

Do you have a high school diploma or GED? Yes  No

Please check the highest year of education completed:

8  9  10  11  12  13  14  15  16  17  18  19  20

Please list high school, college or vocational institution attended.

Name/Address	Major	Degree

Please list any other training, skills and abilities that may be applicable to this position:

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Please list any equipment or machinery you are trained and qualified to operate:

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Please list any license or certificates you may have that may be applicable to your consideration for this position:

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## WORK HISTORY

Have you ever worked for Custer County? Yes  No  If yes, please state last position held and period of employment.  
Position Title: \_\_\_\_\_ From \_\_\_ / \_\_\_ (mo/yr) To \_\_\_ / \_\_\_ (mo/yr).

Start with your present or most recent employment. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

May we contact your present or most recent employer regarding your qualifications? Yes  No

**INSTRUCTIONS: All job applicants must complete the following. Please print in ink or type all answers. Photocopies are acceptable. Please sign and date application. You are welcome to attach a resume.**

1.

Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Dates of Employment: From \_\_\_ / \_\_\_ (mo/yr) To \_\_\_ / \_\_\_ (mo/yr) Total Years \_\_\_\_\_ Months \_\_\_\_\_

Employer \_\_\_\_\_ Phone ( ) - \_\_\_\_\_

Employer's Address \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone ( ) - \_\_\_\_\_ Email \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Complete description of duties:

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2.

Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Dates of Employment: From \_\_\_ / \_\_\_ (mo/yr) To \_\_\_ / \_\_\_ (mo/yr) Total Years \_\_\_\_\_ Months \_\_\_\_\_

Employer \_\_\_\_\_ Phone ( ) - \_\_\_\_\_

Employer's Address \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone ( ) - \_\_\_\_\_ Email \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Complete description of duties:

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**You may attach additional sheets as needed.**

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**REFERENCES (other than listed on Page 3)**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (daytime hours) Email: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (daytime hours) Email: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (daytime hours) Email: \_\_\_\_\_

Are you at least age 18? Yes  No  If no, what is your age? \_\_\_\_\_

**BACKGROUND INFORMATION:** Custer County conducts background checks for all employees. If you are 18 years of age or older, or are under 18 but have been convicted of a crime in adult court, please complete this section.

Have you been convicted in a court of law? Yes  No

List below any violations, other than minor traffic offenses, for which you were convicted. One or more convictions will not necessarily disqualify you from employment with Custer County. The decision will be based on a number of factors such as the duties of the job for which you are being considered, the seriousness of the offense of which you were convicted, your age at the time of the offense, rehabilitation efforts, the recency of the offense, etc. Please be complete. All information is subject to verification. Failure to disclose convictions may result in disqualification.

OFFENSE	PLACE	DATE	DISPOSITION (Sentence)
_____	_____	_____	_____
_____	_____	_____	_____

**AUTHORIZATION FOR RELEASE OF INFORMATION**

As a part of the Custer County employment process, we may be checking your background relative to job and personal references, criminal record, and social services record. In order to do that, we must have your authorization. The undersigned hereby authorizes any state department of social services, any police department, and the Custer County Human Resources Department, to obtain and/or release any and all information regarding the social services, work, credit, DOT mandated drug/alcohol testing if applicable, or criminal history of the undersigned applicant for consideration for employment by Custer County. The undersigned also understands that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or separation from employment.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date