

APPLICATION FOR EMPLOYMENT
 DOUGLAS COUNTY SUPERVISOR OF ASSESSMENTS
 AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____ SOCIAL SECURITY NUMBER _____
 NAME _____
 LAST FIRST MIDDLE
 PRESENT ADDRESS _____
 STREET CITY STATE & ZIP
 PERMANENT ADDRESS _____
 STREET CITY STATE & ZIP
 PHONE NO. _____ *DATE OF BIRTH _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____
 ARE YOU EMPLOYED NOW? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____
 HAVE YOU EVER APPLIED TO DOUGLAS COUNTY BEFORE? _____ WHERE _____ WHEN _____

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO. OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

ADDITIONAL SKILLS _____

*The Age discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age but less than 70.

GENERAL

FORMER EMPLOYERS (PAST THREE YEARS OF EMPLOYMENT, STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM			
TO			
FROM			
TO			
FROM			
TO			

(ATTACH ADDITIONAL SHEET IF NECESSARY)

REFERENCES: LIST THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2			
3			

IN CASE OF EMERGENCY NOTIFY

NAME ADDRESS PHONE

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice."

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

HIRED: Yes No POSITION _____ DATE REPORTING TO WORK _____