

Gosper County Highway Department

Equal Employment Opportunity Employer

Application for Employment

This application is valid for **30 days** or until the position is filled.

Gosper 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, 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 doing so would pose an undue hardship. Please let us know if you need an accommodation to complete the application process or to perform any essential functions of the position sought.

Position Information

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, dates: _____

Have you filed an application here before? ☐ Yes ☐ No

If yes, date: _____

Applicant Information

Applicant 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 applied for? (Be specific.)

Are you legally authorized to work in the United States? ☐ Yes ☐ No

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time of your interview, please be prepared to assure us that you can do so immediately upon being hired if you should receive an offer of employment.

Veteran's Preference

This position is subject to veteran's preference. Are you eligible for and requesting a veteran's preference?

☐ Yes ☐ No

Veterans requesting preference must submit a copy of Department of Defense Form 214. Spouses requesting preference must submit required documentation as outlined by law.

Employment Record

List positions held, starting with your present or most recent employment. If more space is needed, attach an additional sheet.

Employment 1

Employer / Kind of Business: _____

Position Title: _____

Specific Duties:

Immediate Supervisor / Title: _____ Phone: _____

Dates of Employment (Month/Year): From _____ To _____

Hourly Rate / Salary: Starting _____ Final _____

☐ Part-Time ☐ Full-Time

Reason for Leaving:

Employment 2

Employer / Kind of Business: _____

Position Title: _____

Specific Duties:

Immediate Supervisor / Title: _____ Phone: _____

Dates of Employment (Month/Year): From _____ To _____

Hourly Rate / Salary: Starting _____ Final _____

☐ Part-Time ☐ Full-Time

Reason for Leaving:

Employment 3

Employer / Kind of Business: _____

Position Title: _____

Specific Duties:

Immediate Supervisor / Title: _____ Phone: _____

Dates of Employment (Month/Year): From _____ To _____

Hourly Rate / Salary: Starting _____ Final _____

☐ Part-Time ☐ Full-Time

Reason for Leaving:

Education / Skills Record

List education or specialized experience related to the position.

Highest Grade Completed (circle): 6 7 8 9 10 11 12

College (years completed): 1 2 3 4 Did you graduate? ☐ Yes ☐ No

Post-High School Education:

School Name:	From:	To:	Major:	Degree:	Type:

Skills and Equipment

If required for the position, check those that apply:

☐ Typing ☐ Word Processing ☐ Data Entry ☐ PC/Computer Terminal
☐ Calculator/Adding Machine ☐ Dictation ☐ Shorthand/Speedwriting ☐ Equipment

List other equipment you can operate or skills you possess:

Licenses and Certificates

Name of Trade or Profession: _____

CDL License ☐ Yes ☐ No

License Number: _____

Granted by City and/or State: _____

Specialty/Endorsements: _____

Licensed From _____ To _____

Applicant's Statement

I certify that the answers given by me are true and complete to the best of my knowledge. I understand that any false, omitted, or misleading information in this application or during the interview process may result in rejection of my application or termination of employment if hired.

I authorize the County to investigate my employment history, education, and other job-related information and release all parties from liability for providing such information.

I understand that nothing contained in this application creates a contract of employment and that employment is at-will.

Applicant Signature (use ink): _____ Date: _____

NOTE: UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED