



EMPLOYMENT APPLICATION

Position Applying For: _____

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
List other names used on employment or education records:			Date Available
Are you prevented from lawfully being employed in this country because of Visa or Immigration Status?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you 16 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you 21 years of age? YES <input type="checkbox"/>
Have you ever worked for PCF?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?
Are you related to an employee of PCF?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who?

EDUCATION			
High School		City, ST	
From	To	Did you graduate? YES <input type="checkbox"/>	NO <input type="checkbox"/>
College		City, ST	
From	To	Did you graduate? YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other		City, ST	
From	To	Did you graduate? YES <input type="checkbox"/>	NO <input type="checkbox"/>

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

DISCLAIMER AND SIGNATURE – PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION

I certify that all information provided in this application is true and complete. I understand that misrepresentation or omission of facts during the application or selection process may disqualify me from further consideration. I understand Park County may conduct a background investigation, which may include obtaining information from former employees, co-workers or others with knowledge of my work experience. I understand I have the right to make a written request within a reasonable time for the disclosure of the name and address of any consumer-reporting agency, which may be utilized in the background investigation

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers and organizations contacted to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand that I may be required to successfully pass drug and alcohol screening examinations. I hereby consent to pre-employment drug and alcohol screens, if required, as a condition of employment.

**I have read, understand and, by my signature, consent to these statements.
I authorize investigation of all information contained in this application.**

Signature	Date
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