

# APPLICATION FOR EMPLOYMENT

## Mills County Secondary Roads Department

An Equal Opportunity Employer.  
Reasonable accommodation will be provided as required by law.

Last Name	First Name	Middle Initial		
Street Address	City/State	Zip Code	Phone Number:	
Are you legally able to work in the United States?		Are you 18 years of age or older?		
Position Desired:	Wage/Salary Desired:	Date you can begin work:		
List your CDL classification and all endorsements:				
Name of high school attended:	City & State	Graduate?	GED?	
Name of college or technical school:	City & State	Graduate?	Degree?	Major:
Are you presently enrolled in school?	If yes, give name & address of school and expected degree date:			
List any job-related skills or accomplishments, including military service:				
Please provide any additional information about your abilities that makes you a good candidate for this position:				
<b>- Provide Three References Who Are Not Former Employers Who We May Contact -</b>				
Name and Occupation	How do you know them, and for how long?		Phone Number	

## Your Employment History

List names of employers with present or last employer listed first.

May we contact current employers before you are offered a position? _____	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment From: <span style="float: right;">To:</span>
City, State, Zip Code	Hourly pay or salary Starting pay: <span style="float: right;">Ending pay:</span>
Supervisor:	Reason for Leaving:
Telephone:	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment From: <span style="float: right;">To:</span>
City, State, Zip Code	Hourly pay or salary Starting pay: <span style="float: right;">Ending pay:</span>
Supervisor:	Reason for Leaving:
Telephone:	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment From: <span style="float: right;">To:</span>
City, State, Zip Code	Hourly pay or salary Starting pay: <span style="float: right;">Ending pay:</span>
Supervisor:	Reason for Leaving:
Telephone:	

**CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM**

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.

Signature:	Date:
------------	-------