



Five County Association of Governments
Serving Beaver, Garfield, Iron, Kane and Washington Counties

Employment Application

PERSONAL INFORMATION

| | | |
|--|--------------------------|---|
| Last Name | First Name | M.I. |
| Street Address | City | State |
| Home Phone: _____ | Cell Phone: _____ | E-Mail Address: _____ |
| Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain nature below. (Convictions are evaluated for each position and are not necessarily disqualifying) | | |
| Position you are applying for: _____ | | If employed, are you willing to accept the approved salary for this position? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Available to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal | | |
| Date available to start work: _____ | | Salary Desired: _____ |
| Have you ever been employed by Five County AOG before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? | | |

| EDUCATION | Have you graduated from high school or received a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 | | |
|------------------|--|-------|---|
| School Name | Location | Major | Degree/Certificate Received or Years Attended |
| | | | |
| | | | |
| | | | |

Other training, certifications or licenses held: _____

| REFERENCES | List three people who are not related to you and who have definite knowledge of your qualifications for the position for which you are applying. | | |
|-------------------|--|------------------------|--------------|
| Name | Present Business or Home Address | Business or Occupation | Phone Number |
| | | | |
| | | | |
| | | | |

EMPLOYMENT HISTORY

Beginning with present or most recent, list your three most significant employers. If you wish to elaborate, a supplemental sheet or resume may be attached. Include military service, if applicable.

| | | | |
|---------------------|----------------|----------------------|--|
| Employer Name: | _____ | Phone Number: | _____ |
| Address: | _____ | | |
| | Street Address | City | State Zip |
| Position Title: | _____ | Dates of Employment: | From _____ To _____ |
| Supervisors Name: | _____ | May we contact them? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reason for Leaving: | _____ | Pay Rate: | _____ |
| Duties Performed: | _____ | | |

| | | | |
|---------------------|----------------|----------------------|--|
| Employer Name: | _____ | Phone Number: | _____ |
| Address: | _____ | | |
| | Street Address | City | State Zip |
| Position Title: | _____ | Dates of Employment: | From _____ To _____ |
| Supervisors Name: | _____ | May we contact them? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reason for Leaving: | _____ | Pay Rate: | _____ |
| Duties Performed: | _____ | | |

| | | | |
|---------------------|----------------|----------------------|--|
| Employer Name: | _____ | Phone Number: | _____ |
| Address: | _____ | | |
| | Street Address | City | State Zip |
| Position Title: | _____ | Dates of Employment: | From _____ To _____ |
| Supervisors Name: | _____ | May we contact them? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reason for Leaving: | _____ | Pay Rate: | _____ |
| Duties Performed: | _____ | | |

Additional Qualifications, Skills or Languages:

CERTIFICATION OF APPLICANT

I certify that all statements made in this application are true and complete, and that any misstatements of material facts may subject me to disqualification or dismissal. Also, I authorize verification of all statements made in this application. I release Five County Association of Governments from any liability for the use of this information in considering and reviewing my application for the available position. I understand that this employment application is not a contract of employment and that any oral or written statements to the contrary are hereby expressly disavowed.

Signature of Applicant: _____ Date: _____

FIVE COUNTY ASSOCIATION OF GOVERNMENTS IS AN EQUAL OPPORTUNITY EMPLOYER
 It is the policy of the Five County Association of Governments to provide and promote equal opportunity employment, compensation and other terms and conditions of employment without discrimination because of race, color, sex, religion, national origin, age or disability. Five County Association of Governments provides reasonable accommodations to the known disabilities of applicants in compliance with the Americans with Disabilities Act.