

APPLICATION FOR SUMMER EMPLOYMENT

DATE		
LAST NAME	FIRST NAME	MIDDLE INITIAL
CURRENT ADDRESS		DATES IN RESIDENCE AT THIS ADDRESS
HOME TELEPHONE and/or CELL		

VALID DRIVERS LICENSE	YES	NO	ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.?	
STATE ISSUED:		LICENSE NUMBER:	YES	NO

EDUCATIONAL BACKGROUND (Complete All Sections Applicable)

NAME(S) USED WHILE ATTENDING THESE SCHOOLS:			
HIGH SCHOOL	NAME OF SCHOOL		COURSE OF STUDY:
	ADDRESS, CITY, STATE		RECEIVED DIPLOMA? YES NO
COLLEGE	NAME		MAJOR/SPECIALIZATION:
UNIVERSITY	ADDRESS, CITY, STATE		TYPE OF DEGREE RECEIVED:
OTHER STUDIES,	NAME		COURSE OF STUDY:
INCLUDE MILITARY	ADDRESS, CITY, STATE		TYPE OF CERTIFICATION/LICENSING:

PERSONAL REFERENCES (Other than Employers or Relatives) YOU HAVE KNOWN FOR AT LEAST TWO YEARS.

NAME	ADDRESS	TELEPHONE	E-MAIL
1.			
2.			
3			

FOR INTERNAL USE:

EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY (Begin with Last or Present Employer First) CITY, STATE AND TELEPHONE NUMBERS ARE REQUIRED.

EMPLOYER		YOUR JOB TITLE		SUPERVISOR'S NAME/TITLE	
ADDRESS		CITY	STATE/ZIP	TELEPHONE NUMBER	
DATES:		CITY/STATE WHERE YOU RESIDED WHILE EMPLOYED HERE:			
FROM:	TO:	SALARY/WAGES AT START:		FINISH:	
REASON FOR LEAVING:			MAY WE CONTACT THIS EMPLOYER?		YES NO
MAJOR DUTIES PERFORMED:					

EMPLOYER		YOUR JOB TITLE		SUPERVISOR'S NAME/TITLE	
ADDRESS		CITY	STATE/ZIP	TELEPHONE NUMBER	
DATES:		CITY/STATE WHERE YOU RESIDED WHILE EMPLOYED HERE:			
FROM:	TO:	SALARY/WAGES AT START:		FINISH:	
REASON FOR LEAVING:	RESIGNED WITH NOTICE	QUIT (NO NOTICE)	TERMINATED	MAY WE CONTACT THIS EMPLOYER? YES NO	
IF TERMINATED, PLEASE STATE REASON:					
MAJOR DUTIES PERFORMED:					

EMPLOYER		YOUR JOB TITLE		SUPERVISOR'S NAME/TITLE	
ADDRESS		CITY	STATE/ZIP	TELEPHONE NUMBER	
DATES:		CITY/STATE WHERE YOU RESIDED WHILE EMPLOYED HERE:			
FROM:	TO:	SALARY/WAGES AT START:		FINISH:	
REASON FOR LEAVING:	RESIGNED WITH NOTICE	QUIT (NO NOTICE)	TERMINATED	MAY WE CONTACT THIS EMPLOYER? YES NO	
IF TERMINATED, PLEASE STATE REASON:					
MAJOR DUTIES PERFORMED:					

I certify that all of the information supplied by me on my application for employment is true and complete. I understand that false or incomplete statements herein, or in any interview, resume or other document supplied, are grounds for rejection of my application or dismissal anytime after hiring.

I understand that this application, and if hired, any handbook, policy or other document/statement, does not constitute a contract of employment and that I may voluntarily leave employment at any time and may be terminated from employment at any time for any reason.

Applicant's Signature

Today's Date

RELEASE OF INFORMATION

I, _____, (maiden name _____),
do hereby request any law enforcement agency, governmental agency, bureau of motor vehicles, military agency, or
past employer to release to the County of Huron, upon their request, a copy of any report, document, record, criminal
record, medical history, or other information regarding my character, integrity and reputation. Further, I do hereby
agree that a photocopy hereof may be used with the same effect as though it were the original.

Signature

Driver's License Number

Address

City, State, Zip

Telephone Number(s)