

## EMPLOYMENT APPLICATION

The information you provide will be reviewed against the essential qualifications of the open position(s). Please read carefully and complete by typing or printing in blue or black ink. This application must be completed in full. Provide all information requested.

**CDID #1 is an alcohol/drug free workplace.**

**Final applicants will be required to complete a pre-employment alcohol and/or drug test.**

**◆ Unsigned or incomplete applications will not be processed. ◆**

<p>How did you learn about us and/or this position?</p> <p><input type="checkbox"/> Advertisement _____</p> <p><input type="checkbox"/> Friend / relative referral _____</p> <p><input type="checkbox"/> Our Website      <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Employment agency _____</p> <p><input type="checkbox"/> College/University announcement/listing _____</p>	<p>_____</p> <p><b>Position Applied For</b></p> <p>_____</p> <p><b>Date of Application</b></p>
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### EQUAL EMPLOYMENT OPPORTUNITY

It is our policy to seek and employ the best qualified personnel and individuals that best match the positions, to provide equal opportunity for the advancement of employees and to administer all of our personnel policies in a manner that will not discriminate against any person because of race, color, religion, age, sex, marital or veteran status, national origin, ancestry, disability, on-the-job injuries, or any other legally protected status unless it is a bona fide occupational requirement reasonably necessary to the operation of our business.

### IMPORTANT

Applicants with disabilities may request any reasonable accommodation necessary to complete this application, or to take any test required for the position for which the applicant has applied, by making a request at the time of application.

Last Name _____	First Name _____	Middle Name _____
Address _____	City _____	State _____
	Zip Code _____	
Telephone Number _____	Alternate Contact Number (specify) _____	Email Address _____

Are you 18 years of age or older?	[ ] Yes	[ ] No
Have you ever worked for us before? If so, when: _____	[ ] Yes	[ ] No
Do you have any friends or relatives working for CDID #1?	[ ] Yes	[ ] No
If you are hired, are you prepared to present evidence within three days of beginning work showing that you are legally authorized to work in the United States?	[ ] Yes	[ ] No
Can you travel if the job duties require it or for training purposes?	[ ] Yes	[ ] No

Check all shifts and days you can work: (We will attempt to reasonably accommodate employees who require certain hours or days off because of religious beliefs or practices).

- Full Time     Part Time     Rotating days off     Days     Swing     Graveyard     Rotating shifts  
 Monday     Tuesday     Wednesday     Thursday     Friday     Saturday     Sunday

**Date you are available for work:** \_\_\_\_\_ **Expected Pay Rate:** \_\_\_\_\_



**EXPERIENCE:** List your work and/or volunteer experience with emphasis on experience that is relevant to the position you are applying for. Begin with your present or most recent experience. Include full-time, part-time and temporary employment. Include military service that would help you qualify. List each promotion as a separate position. Explain employment gaps longer than one (1) month. **This information must be completed even if you submit a resume.**

Name & Complete  
Address of Employer

Your Job Title: \_\_\_\_\_ Dates Employed \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year  
Type of Business: \_\_\_\_\_  
Avg. Hrs. Per Week \_\_\_\_\_  
( )  
Immediate Supervisor(s) \_\_\_\_\_ Phone No. \_\_\_\_\_ May we contact this employer  Yes  No

**Describe your duties in detail** (knowledge, skills, behaviors required, employees supervised, accomplishments)

Reason for leaving or considering change:

Name & Complete  
Address of Employer

Your Job Title: \_\_\_\_\_ Dates Employed \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year  
Type of Business: \_\_\_\_\_  
Avg. Hrs. Per Week \_\_\_\_\_  
( )  
Immediate Supervisor(s) \_\_\_\_\_ Phone No. \_\_\_\_\_ May we contact this employer  Yes  No

**Describe your duties in detail** (knowledge, skills, behaviors required, employees supervised, accomplishments)

Reason for leaving or considering change:

**EXPERIENCE Continued....** If necessary you may attach additional sheets.

Name & Complete  
Address of Employer

Your Job Title: \_\_\_\_\_ Dates Employed \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Type of Business: \_\_\_\_\_ Avg. Hrs.  Per Week \_\_\_\_\_  
( )

Immediate Supervisor(s) \_\_\_\_\_ Phone No. \_\_\_\_\_ May we contact this employer  Yes  No

**Describe your duties in detail** (knowledge, skills, behaviors required, employees supervised, accomplishments)

Reason for leaving or considering change:

Name & Complete  
Address of Employer

Your Job Title: \_\_\_\_\_ Dates  employed \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Type of Business: \_\_\_\_\_ Avg. Hrs. Per Week \_\_\_\_\_  
( )

Immediate Supervisor(s) \_\_\_\_\_ Phone No. \_\_\_\_\_ May we contact this employer  Yes  No

**Describe your duties in detail** (knowledge, skills, behaviors required, employees supervised, accomplishments)

Reason for leaving or considering change:

**List any other skills or qualifications that you believe is relevant to the position you are applying for.**


**VERIFICATION AND SIGNATURE**

1. I authorize the investigation of all matters which CDID #1 deems relevant to my qualifications for employment, including all information given in this application and in any attachments, supporting documents or interviews. I authorize you to request and receive such information and I release from all liability any current or former employers, other entities (schools, etc.), or persons (such as current or former supervisors, coworkers, etc.), supplying it. I also release you from all liability which might result from making the investigation.
2. I certify that all of the information given in this application and in any attachments, supporting documents or interviews are (or will be) true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, generally will result in denial of employment, withdrawal of any offer of employment, or immediate termination, regardless of when and how discovered.
3. I understand that I may be required to submit to pre- or post- employment physical or other professional examinations, medical inquiries and /or urinalysis tests for the presence of drugs and/or alcohol. I agree to such examinations, inquiries and/or testing at CDID #1 expense. I authorize release of the results to CDID #1 and their use to evaluate my suitability for employment. I also release CDID #1 from all liability arising out of or connected with any examinations, inquiries and/or testing.
4. I understand that I may resign or be terminated, without cause or notice, at any time, unless otherwise stated in a collective bargaining agreement or a written employment contract. I also understand that only the Board of Supervisors has the authority to agree to any other terms and/or enter into such agreements or contracts, and that all such agreements (collective bargaining agreements or agreements for other terms of employment) or contracts must be in writing and signed by both parties. I also understand that unless otherwise stated in a collective bargaining agreement or a written employment contract, CDID #1 may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.
5. This application will only be considered for this position and this job-opening announcement, unless otherwise notified by CDID #1.
6. I understand and agree that if I am hired the statements in these paragraphs will become a binding part of my employment relationship. I have read each of these statements. I have also reviewed all of the information provided in this application and in any attachments or supporting documents.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***Unsigned or incomplete applications will not be processed.***

**FOR CDID #1 USE ONLY**

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Position #: \_\_\_\_\_ Date Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hourly Rate/Salary: \$ \_\_\_\_\_

Elected Official/Department Manager Approval Signature: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

# APPLICANT DATA RECORD

~ Submission of this information is voluntary ~

Please print or type.

## To All Applicants

It is a CDID #1 policy to employ the best-qualified people and individuals that best match the positions, and to provide equal opportunity. CDID #1 will not discriminate against any person because of race, color, religion, age, sex, marital or veteran status, national origin, ancestry, disability, or any other legally protected status, unless it is a bona fide occupational requirement reasonably necessary to our operation and the services we provide.

CDID #1 is required by law to provide the federal government with periodic reports on the sex, race/ethnicity, disability, and veteran status of applicants. ***This information is solely to help us comply with legal requirements. This information will be treated as personal and confidential, and will be kept separate from your application. Providing this information is strictly voluntary.***

Date:	Position Applied for:
Referral Source: <input type="checkbox"/> Advertisement: _____ <input type="checkbox"/> Friend or Relative <input type="checkbox"/> Employment Agency <input type="checkbox"/> Website <input type="checkbox"/> College/University announcement/posting <input type="checkbox"/> Other _____	

_____			
Last Name	First Name	Middle Name	
_____			
Address	City	State	Zip Code
_____			
Phone Number _____			

<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Qualified Individual with a Disability:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Date of Birth:</b> ____/____/____	<b>Vietnam Era Veteran:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>Disabled Veteran:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Race or Ethnic Group:</b>		
<input type="checkbox"/> Caucasian	<input type="checkbox"/> African-American	<input type="checkbox"/> Asian / Pacific Islander
<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> Other _____