

U.S. MILITARY SERVICE

Branch of Service _____

Rank & Type of Service _____

Training/Experience Received _____

REFERENCES

Please provide employment-related references only. If you do not have any employment-related references, please list individuals who can comment on your work skills.

1. NAME _____ PHONE NUMBER _____

YEARS KNOWN AND IN WHAT CAPACITY _____

ADDRESS _____

2. NAME _____ PHONE NUMBER _____

YEARS KNOWN AND IN WHAT CAPACITY _____

ADDRESS _____

3. NAME _____ PHONE NUMBER _____

YEARS KNOWN AND IN WHAT CAPACITY _____

ADDRESS _____

EMPLOYMENT EXPERIENCE

Please attach a resume.

SIGNATURE

APPLICANT: PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION.

This application for employment shall be considered active for a period of one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I authorize Roseau County to contact my prior employers and all others for the purpose of verifying the information I have supplied. I authorize my prior employers to provide any information, personal or otherwise, they may have regarding me and I release them from any liability resulting from the release of information. I further authorize all employers, schools and other persons named in this application to provide any information or transcripts that may be requested by Roseau County.

I acknowledge that any employment relationship with Roseau County is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood this "at will" employment relationship may not be charged by a written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Roseau County.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

My signature is evidence that I have read, understood and agree with the above statements.

Date

Signature of Applicant