

FREMONT COUNTY GOVERNMENT  
APPLICATION FOR EMPLOYMENT  
FREMONT COUNTY MUSEUMS

(Please Type or Print)

JOB TITLE: \_\_\_\_\_ PART TIME OR FULL TIME: \_\_\_\_\_

NAME:

\_\_\_\_\_ DATE \_\_\_\_\_  
Last First Middle

MAILING ADDRESS:

\_\_\_\_\_ Street City State Zip

RESIDENCE (If different from mailing)

\_\_\_\_\_ Street City State Zip

TELEPHONE: Daytime \_\_\_\_\_ Evening \_\_\_\_\_ E-MAIL: \_\_\_\_\_

18 years of age or older? \_\_\_ Valid driver's license? \_\_\_ DL# \_\_\_\_\_

If hired, can you provide written evidence that you are authorized to work in the U.S.? Yes \_\_\_ No \_\_\_

EDUCATION

Type Name/Location Completed years Degree/Diploma

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

EMPLOYMENT RECORD

Start with the current/most recent

Company Name/Address/Phone Type of Work Employment Dates Reason for Leaving

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Attach additional jobs on another sheet of paper  
Application continued on the back

May we contact your current employer? Yes No

Is there any information we would need regarding you name, or use of another name, for us to be able to check your work record. If yes, please specify \_\_\_\_\_

Please list any additional information that relates to your ability to perform the job for which you have applied (such as licenses, memberships, hobbies and etc: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WORK RELATED REFERENCES**

Name Occupation Address/Phone Years Known

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**PERSONAL REFERENCES**

Name Occupation Address/Phone Years Known

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**APPLICANT'S STATEMENT**

I understand that the employer follows an "employment at will" policy, in that the employer or I may terminate my employment at any time, or for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment.

I understand this application will be active for a period of three (3) months; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers and interviews. I authorize all individuals, schools and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information. This information will be kept in strict confidence and will be available only to agency personnel who are involved in the hiring decision.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient for dismissal or refusal of employment.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Fremont County employs people on the basis of their qualifications and with assurance of equal opportunity and treatment, regardless of race, creed, religion, color, sex, age, national origin, ancestry or disability.