Hardy County Public Service District

APPLICATION FOR SUMMER EMPLOYMENT

The Hardy County Public Service District considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. The Hardy County Public Service District is an Equal Opportunity Employer.

Position(s) Applied For			Date of Application
Last Name	First Name		Middle Name
Address *Number* *Street*	*City*	*State*	*Zip Code*
Telephone Number(s)	Social Security Number		

Are you currently employed? If yes, whom is your present employer?	YES	NO
May we contact your present employer?	YES	NO
On What Date would you be available to work?		
Are you prevented from lawfully becoming employed in this county because of Visa or Immigration Status? *(Proof of citizenship or immigration status is required upon employment)*	YES	NO
Have you been convicted of a felony within the last 7 years? If yes please explain. *(Conviction will not necessarily disqualify an applicant from employment)*	YES	NO

Education & Qualifications		
School Level	High School	College/University
School Name & Location		
Diploma/Degree		
State any additional special skills qualifications, licenses, certifications, or other information you feel may be helpful to us in considering your application.		

References		
Give name, address and telephone number of three references who are not related to you and are not previous employers.		
Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national or other protected status.

Employer	Phone	Dates Employed	
		From	To
Address			
		Hourly Rate/Salary	
		Starting	Final
Job Title	Supervisor Name		
Work Performed			
Reason for Leaving			

Employer	Phone	Dates Employed	
		From	To
Address			
		Hourly Rate/Salary	
		Starting	Final
Job Title	Supervisor Name		
Work Performed			
Reason for Leaving			

Applicant Certification

I certify that answers given herein are true and complete to the best of my knowledge and I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, employment relationship with this organization 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 that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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.

_____ _____

Signature of Applicant Date