

**GREEN COUNTY  
APPLICATION FOR EMPLOYMENT**



GREEN COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, arrest or conviction record or any other legally protected status.

POSITION APPLIED FOR: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

**PERSONAL DATA**

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_  
(House No.) (Street) (City) (State) (Zip Code)

Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

1. If you are under the age of 18, can you provide proof of your eligibility to work?  
Yes  No

2. Have you ever filed an application with Green County before?  
Yes  No

If yes, provide position and date of application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been employed by Green County before?  
Yes  No

If yes, provide position and last date of employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Are you related to anyone employed by the County or serving as an elected official?  
Yes  No

5. If yes, provide the individual's name and position: \_\_\_\_\_

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6. How did you find out about this position at Green County? \_\_\_\_\_

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7. Are you currently employed?

Yes  No

8. Are you legally authorized to work in the United States?

Yes  No

9. Do you have a valid driver's license if applicable to the position you are applying?

Yes  No

10. Do you have a commercial driver's license if applicable to the position you are applying?

Yes  No

11. Are you able to perform all the functions and duties of the job you are applying for?

Yes  No

If no, please identify which essential functions you are unable to perform: \_\_\_\_\_

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12. Have you been convicted of a felony or misdemeanor within the last seven years as it relates to the position you are applying? (A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the position in question.)

Yes  No

If yes, please explain: \_\_\_\_\_

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13. Do you have any criminal charges pending as it relates to the position you are applying? (Pending criminal charges do not constitute an automatic bar to employment and will be considered only as it relates to the position in question.)

Yes  No

If yes, please explain: \_\_\_\_\_

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14. Are you willing to submit to a criminal background check as part of your employment?

Yes  No

15. Are you willing to work nights and weekends if the position you are applying requires it?

Yes  No

### EDUCATION RECORD

	Name and Location	Dates Attended	Major Field of Study	Graduate (Yes/No)	Type of Degree Received
High School					
College					
Graduate					
Other					
Other					
Other education, special training or courses completed:					
Licenses held:					

### EMPLOYMENT RECORD

List employment beginning with the most recent job, including any military experience if job related.

Employer Name and Address	Phone	Immediate Supervisor	Employment Dates	Full or Part Time	Beginning Salary	Ending Salary
Job Title						
Description of Duties						
May we contact this employer:						
Reason for leaving:						

Employer Name and Address	Phone	Immediate Supervisor	Employment Dates	Full or Part Time	Beginning Salary	Ending Salary
Job Title						
Description of Duties						
May we contact this employer:						
Reason for leaving:						

Employer Name and Address	Phone	Immediate Supervisor	Dates of Employment	Full or Part Time	Beginning Salary	Ending Salary
Job Title						
Description of Duties						
May we contact this employer:						
Reason for leaving:						

Employer Name and Address	Phone	Immediate Supervisor	Employment Dates	Full or Part Time	Beginning Salary	Ending Salary
Job Title						
Description of Duties						
May we contact this employer:						
Reason for leaving:						

If you were discharged for cause from any employment, state the details: \_\_\_\_\_

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Summarize special job-related skills and qualifications acquired from employment or other experience.

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## Green County Reference Page

Please list a few references that we may  
contact and their phone numbers

1. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**COMMERCIAL DRIVER'S LICENSE**  
**For Highway Department Applicants ONLY**

A CDL shall be required before a potential employee can start work. The county will not assist in securing your CDL.

The CDL shall be Class "A" with no air brake restrictions. Endorsements shall include "N".

Do you presently have a Class "A" CDL?     Yes     No

Do you have the "N" endorsement?     Yes     No

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Date

**AUTHORIZATION AND ACKNOWLEDGMENT FOR EMPLOYMENT WITH GREEN COUNTY**

I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading or incorrect, I may be terminated. I agree that Green County shall not be held liable in any respect if my employment is terminated because of false, incomplete or misleading statements, answers or omissions made by me in this application.

I authorize Green County to contact references, past or present employers, persons, schools, law enforcement agencies and any other sources of information which may be relevant to my application for employment. I also authorize pertinent companies, schools, agencies, municipalities or persons to give to Green County any information requested regarding my employment, character, experience and qualifications and/or suitability for employment with Green County including a check of my fingerprints and police record for the purpose of considering my suitability for hire. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

I understand that Green County is committed to maintaining a drug-free workplace. I further understand that I may be asked to undergo a physical examination, including substance abuse screening, prior to an appointment to a position with Green County. Refusal to participate will result in the rejection of my application. Also, if employed, I realize that Green County may conduct drug testing of its employees on a random basis, in the event of accidents, and if there is a question of fitness for duty.

I further understand that no representative of Green County has the authority to enter into any agreement for employment for any specified period of time and that Green County is not guaranteeing employment for anyone. No employment contract is created by virtue of being hired by Green County. If employed, I agree to abide by all of the work and safety rules of the company.

In addition, a copy of this authorization is as valid as the original and should be recognized as such.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Date

GREEN COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

**NOTICE AND CONSENT TO SUBMIT TO  
EMPLOYMENT PHYSICAL AND DRUG TESTING**

All individuals conditionally accepted for employment with Green County are required to submit to a physical examination and drug test, and for some positions a tuberculin test, prior to commencement of employment. The examination and testing shall be made by a medical facility and physician selected by the Personnel and Labor Relations Committee of the County Board and shall be at County expense.

You will be notified by Green County as to the date, time and place of your physical examination and drug and/or tuberculin test. Please be prompt for the appointment.

You will also be given instructions as to the collection protocol for drug screening prior to your screening date.

Failure to submit to and consent to the drug testing shall disqualify you from further consideration for employment with Green County. Employment is conditional upon passing the drug screening as certified by Green County's chosen medical facility and physician. Upon hire, a physical examination may be required.

**CONSENT AND RELEASE**

I, the undersigned, \_\_\_\_\_, have read and understand the foregoing statement requiring me to submit to a drug test as a condition of employment with Green County. I also understand that a physical examination may be required, upon hiring.

I hereby acknowledge that I fully understand the foregoing and voluntarily consent to a physical examination and drug test by a physician and certified laboratory selected by Green County, and release of results to the medical review officer.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Date

**GREEN COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER  
GREEN COUNTY DRUG TESTING POLICY STATEMENT**



Green County recognizes the problem of substance abuse in today's society. The problem of alcohol and drug abuse and misuse represents a great potential for health, safety and security problems. This problem is of particular concern to Green County, who is subject to extensive governmental regulations and owes a special duty of care to its constituents, residents and visitors. Not only does a substance abuse-impaired employee jeopardize his/her own health and well-being, but also that of every person he/she comes into contact with at work or in the public. Therefore, a strong affirmative approach to dealing with drug and alcohol abuse is dictated.

Green County expects its employees to assist in maintaining a drug-free work environment that is free from the use and effects of alcohol, drugs and other mood-altering substances. Green County prohibits employees from the unlawful manufacture, distribution, dispensation, possession or use of controlled substances in the work place.

In order to make Green County roads, work places and environments safer, Green County has established procedures which will require new prospective employees who apply for consideration for a position with Green County to be tested for the use of controlled substances including Amphetamines, Barbiturates, Benzodiazepine, Cannabis, Cocaine, Methadone, Methaqualone, Opiate, Phencyclidine (angel dust) and Propoxphene, as part of the pre-employment and qualification medical examination.

Positive test results, which shall be confirmed by back-up test, will be considered in employment decisions and may result in a decision that the applicant is medically unqualified for employment.

I have read and understand the Green County policy concerning drug and alcohol abuse and agree to comply with this policy.

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Applicant's Signature

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Applicant Printed Name

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Date

GREEN COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

## **GREEN COUNTY PRE-EMPLOYMENT DRUG/ALCOHOL SCREENING**

### **PARTICIPANT'S INSTRUCTIONS SPECIMEN COLLECTION PROTOCOL**

Your prospective employer requires that you submit a urine specimen for drugs of abuse/alcohol testing. If you are unwilling to participate in this test, advise a staff person of this facility now.

If you cannot produce a fresh specimen at this time, drink fluids now and you will be routed by the medical staff to another part of your exam until a later time.

In order to assure the identity and integrity of the specimen, this protocol must be followed carefully:

1. Please present photo identification.
2. Wash your hands in view of the staff person.
3. In the privacy of a restroom, urinate directly into the specimen container provided. Do not flush the toilet or run the water until you return your specimen to the staff person.
4. Return the container directly to the hands of the staff person and stay with him/her until the specimen is completely sealed and labeled.
5. The staff person will divide the specimen into two containers and seal each with tamper-evident seals.
6. The staff person will place your specimen identification number on each container.
7. Please place your initials and social security number or employee number on each container.
8. Complete the participant's section of the form: List all drugs that you have taken in the last 30 days. Enter your prospective employer's name. Print and sign your name which gives the certified laboratory permission to do the test and release the results to the medical review officer. You are also verifying that you witnessed your specimen being divided, sealed and marked with the specimen ID number which matches your consent form.
9. After the containers are sealed in the tamper-evident bag, put your initials in the place designated.

\* The designated certified laboratory uses one of the most reliable and commonly used techniques to screen specimens for substances of abuse. When a specimen tests positive, a new sample is taken from the original specimen and tested with a chemically different, more specific method. Only specimens testing positive on both tests are reported as "positive". Specimens confirming positive are retained for an extended period.