

EMPLOYMENT APPLICATION

This application must be submitted electronically to carsondrugprevention@pdcnv.org or in person with your signature by the closing date and time specified.
A resume is mandatory and must be included as an attachment to this application to be considered for employment.

Partnership Douglas County, Inc. is an equal opportunity, At-Will employer. All qualified applicants working with youth will be required to be finger printed as a condition of their employment.

Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

EDUCATION

College(s) attended: _____

Graduation Date: _____

Degree(s) conferred: _____

Other languages spoken: _____

SKILLS and ABILITIES

Describe special skills or certificates held which would be beneficial in this position:

_____

Describe how you will demonstrate proficiency of any required software knowledge, if interviewed for this position. *Note: software proficiency, if needed, is listed as a requirement in the job description included in the application packet.*

In 100 words or less, please state as succinctly as possible why you want this job and what you could bring to both this position and this agency.

EXPERIENCE

List any volunteer experience which relates to the job for which you are applying. Be advised that it is the policy of Partnership Douglas County to routinely contact your former employer(s) during the employment process. If you have no volunteer experience, write in “no volunteer experience”

Volunteer Positions:

Have you ever been convicted of any offense, other than traffic citations? ( )
yes ( ) **no**

If "yes," on separate sheet give date and place of each offense, the specific charge, the date and place of conviction and the fine or sentence received. (A conviction is not necessarily a bar to employment).

REQUIRED INFORMATION: Complete in full, even if information appears on resume. Beginning with your most recent employment, list all work experience to date covering the last five years. Please include the following: name and address of present and recent employers; dates of employment; name, address and phone number of immediate supervisor; your monthly salary, and your reason for leaving. If additional space is needed please attach addendum to this page. If you have no employment history, write in "no employment history"

1.
_____

_____

2.
_____

_____

PROVIDE THREE REFERENCES (Exclude relatives and friends):
Name and contact information

1.
_____

2.

3.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

Signature: _____ Date: _____

PARTNERSHIP DOUGLAS COUNTY, Inc.

IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION, AT-WILL EMPLOYER