





Employer:	Phone: (    )		
Address:	Supervisor:		
Job Title:	Responsibilities:		
From:	To:	Starting Salary:	Ending Salary:
Reason for Leaving:			

**(If you need additional space, please continue on a separate sheet.)**

**PLEASE READ CAREFULLY**

The following policy statements apply to an applicant IF HIRED.

Employment with Fisher County is for no definite period of time. Fisher County may change wages, benefits and conditions at any time.

1. Fisher County may terminate employment at any time without liability for wages or salary except such as may have been earned at the date of termination. If requested by the management at any time, employee must submit to a search of person, desk, locker, etc., assigned to him/her, and must waive all claims for damages on account of such examination.
  
2. This application for employment is not, and is not intended to be a contract of employment and no employment contract is being offered.

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**APPLICANT'S CERTIFICATION AND AGREEMENT**

I have read, understand, and agree to the above statements, if hired.

I certify that answers given herein are true and correct to the best of my knowledge and understand that any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal to hire, or, if hired, termination from employment. I authorize investigation of all statements contained in this application and other included documents as may be necessary in arriving at an employment decision. I hereby release from liability any person (s) / organization (s) giving such information.

Date \_\_\_\_\_

Signature \_\_\_\_\_

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