Application for Employment

Jackson County Board of Commissioners 67 Athens Street Jefferson, Ga 30549

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

Position(s) Applied For: _____

Date of Application: _____

How did you Learn About Us?

[ ] Advertisement [ ] Relative [ ] Inquiry

[ ] Employment Agency [ ] Friend [ ] Other _____

Last Name First Name Middle Name

Address (Number) (Street) (City) (State) (Zip)

Telephone Number(s)

Social Security Number(voluntary)

Best time to contact you at home is:

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No If yes, give date:_____

Have you ever been employed with us before? Yes No If yes, give date:_____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. Yes No

Date Available for work: _____/_____/_____

What is your desired salary range?

Are you available to work: Full Time? Yes No Please Indicate Shift: Nights Days
Part Time? Yes No Please Indicate: Mornings Afternoon Evenings
Temporary? Yes No Please Indicate Dates Available:

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last five years? Yes No
A criminal record foes not constitute an automatic bar to employment and will be considered only as it relates to the job in question.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	NAME AND ADDRESS OF SCHOOL	*COURSE OF STUDY*	*YEARS COMPLETED*	*DIPLOMA DEGREE*
ELEMENTARY /MIDDLE SCHOOL				
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE PROFESSIONAL				
OTHER (SPECIFY				

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES.

DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY.

EMPLOYMENT EXPERIENCE

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

Employer	***DATES EMPLOYED***		***Work Performed***
	From	***To***	
Address	***HOURLY RATE/SALARY***		
	Starting	***Final***	
Telephone Number(s)			
Job Title / ***Supervisor***			
Reason for Leaving			
Employer	***DATES EMPLOYED***		***Work Performed***
	From	***To***	
Address	***HOURLY RATE/SALARY***		
	Starting	***Final***	
Telephone Number(s)			
Job Title / ***Supervisor***			
Reason for Leaving			
Employer	***DATES EMPLOYED***		***Work Performed***
	From	***To***	
Address	***HOURLY RATE/SALARY***		
	Starting	***Final***	
Telephone Number(s)			
Job Title / ***Supervisor***			
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Employer	***DATES EMPLOYED***		***Work Performed***
	From	***To***	
Address	***HOURLY RATE/SALARY***		
	Starting	***Final***	
Telephone Number(s)			
Job Title / ***Supervisor***			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

ADDITIONAL INFORMATION

Other Qualifications: ***Summarize special job-related skills and qualification acquired from employment or other experience.***

Specialized Skills ***(check skills/equipment operated)***			
_____*Terminal*	_____*Spreadsheet*	*Production/Mobile Machinery (list)*	*Other (List)*
_____*PC/MAC*	_____*Word Processing*	_____	_____
_____*Typewriter*	_____*Shorthand*	_____	_____
*WPM*_____	*WPM*_____	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING?

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

_____***YES*** _____***NO***

REFERENCES	
1) Name:	*Phone:*
Address:	
2) Name:	*Phone:*
Address:	
3) Name:	*Phone:*
Address:	
4) Name:	*Phone:*
Address:	

APPLICANTS STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which mean that the employee may resign at any time and the employer may discharge employee 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 regulation of the employer.

_____ _____

Signature of Applicant *Date*

PERSONNEL DEPARTMENT USE ONLY

Interviewed: ***Yes*** ***No***	***Date/Time:***	***Interviewed By:***
Remarks:		
Review Board: ***Yes*** ***No***	***Date:***	
Hired: ***Yes*** ***No***	***Title/Position:***	
Hired By:		***Start Date:***
Other:		

Case Number:_____

I hereby Authorize the ***Jackson County Sheriff's Department*** *to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.*

(Please Print)

Full Name (Last, First, Middle):		
Complete Street Address:		
Date of Birth:	***Race:***	***Sex:***
Social Security Number:		

Signature:_____Date:_____

Witness:_____Date:_____