

APPLICATION FOR EMPLOYMENT

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

Please Print

Position(s) Applied For _____ Date of Application _____

Last Name _____ First Name _____ Middle Name _____

Address _____ Number _____ Street _____ City _____ State _____ Zip Code _____

Telephone Number _____ Day _____ Evening _____

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

Have you ever filed an application with us before? _____ Yes _____ No

Have you ever been employed with us before? _____ 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? _____ Yes _____ No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____/_____/_____

Are you available to work?
_____ Full-time _____ Part-time _____ Shift work _____ Overtime _____ Temporary

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

Describe any specialized training, apprenticeship, or skill you have. Also, list knowledge of specialized machinery and equipment you are trained to operate. _____

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, gender, national origin, disability, or other protected status.

1. Employer: _____ Supervisor: _____
Address: _____ Phone Number: _____
Job Title: _____ Work performed: _____
Dates Employed from: ____/____/____ to: ____/____/____ **Rate of pay** Starting: _____ Final: _____
Reason for leaving: _____

2. Employer: _____ Supervisor: _____
Address: _____ Phone Number: _____
Job Title: _____ Work performed: _____
Dates Employed from: ____/____/____ to: ____/____/____ **Rate of pay** Starting: _____ Final: _____
Reason for leaving: _____

3. Employer: _____ Supervisor: _____
Address: _____ Phone Number: _____
Job Title: _____ Work performed: _____
Dates Employed from: ____/____/____ to: ____/____/____ **Rate of pay** Starting: _____ Final: _____
Reason for leaving: _____

4. Employer: _____ Supervisor: _____
Address: _____ Phone Number: _____
Job Title: _____ Work performed: _____
Dates Employed from: ____/____/____ to: ____/____/____ **Rate of pay** Starting: _____ Final: _____
Reason for leaving: _____

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

Note to Applicants: **DO NOT ANSWER THE QUESTION BELOW 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 the activities involved in the job or occupation for which you are applying?

___ Yes ___ No

List professional, trade, business, or civic activities and offices held.

You may exclude membership which would reveal gender, race, national origin, age, Ancestry or other protected status.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Number of years completed	Diploma/ Degree
Elementary	_____	_____	_____	_____
School	_____	_____	_____	_____
	_____	_____	_____	_____
High	_____	_____	_____	_____
School	_____	_____	_____	_____
	_____	_____	_____	_____
College	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Other	_____	_____	_____	_____
(Specify)	_____	_____	_____	_____
	_____	_____	_____	_____

REFERENCES (please do not list relatives)

1.	_____		
	Name	Phone Number	

	Address	Relationship to applicant	Years known applicant

2.	_____		
	Name	Phone Number	

	Address	Relationship to applicant	Years known applicant

3.	_____		
	Name	Phone Number	

	Address	Relationship to applicant	Years known applicant

FRANKLIN COUNTY Board of Commissioners
P.O. Box 159
141 Athens Street
Carnesville, GA 30521
(706) 384-2483

The intent of this authorization is to give ongoing consent for full and complete disclosure of my criminal history.

I, _____
Last Name First Name Middle

Social Security Number Height Weight Eye Color Hair Color

Date of Birth Race Sex

Street Address

City State Zip Code

Authorization given to the Franklin County Board of Commissioners
P.O. Box 159
141 Athens Street
Carnesville, GA 30521
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to receive my criminal history record from the Franklin County Sheriff's Office NCIC/GCIC system.
I understand that this request will only be used for employment purposes.

Signature

Signature of Parent/Guardian if under age 18

Notice: unless all blanks are completed on this form and the form is notarized, no information will be released.

Sworn To and Subscribed before me

This _____ day of _____ 20____

Notary Public

My Commission expires on _____