

# 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.

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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.*

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**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  
(706) 384-2483

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 \_\_\_\_\_