

APPLICATION FOR EMPLOYMENT
Putnam County Board of Commissioners
117 Putnam Drive, Suite A
Eatonton, Georgia 31024
(706) 485-5826 * www.putnamcountyga.us

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

PLEASE PRINT OR TYPE ALL INFORMATION

Position applied for

Date

How did you learn about the position? (Please circle)

Advertisement Friend Walk-In Employment Agency Relative Other: _____

Last Name

First Name

Middle Name

Address, Street, P.O. Box

City

State

Zip Code

Telephone Number(s)

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES or NO (*circle one*)

Describe any specialized training, apprenticeship, skills, and job qualifications.

Have you ever filed an application with us before? YES or NO (*circle one*)

If YES, give date. _____

May we contact your present employer? YES or No (*circle one*)

Please list any equipment you can operate

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

YES or NO (*circle one*)

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

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.)

On what date would you be available for work?

Are you available to work: (*check all that apply*)

___ Full-Time, ___ Part-Time or ___ Temporary

Are you currently on "Lay-Off" status and subject to recall?

YES or NO (*circle one*)

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

Have you been convicted of a felony within the last 7 years?

YES or NO (*circle one*)

If YES, explain _____

EDUCATION

High School: _____

Years completed _____ Degree/Diploma _____

Undergraduate
College: _____

Years completed _____ Degree/Diploma _____

Graduate Professional: _____

Years completed _____ Degree/Diploma _____

EMPLOYMENT EXPERIENCE

Name of Employer Telephone No.

Address

Job Title Supervisor

Dates: From To Salary: From To

Reason for leaving

Name of Employer Telephone No.

Address

Job Title Supervisor

Dates: From To Salary: From To

Reason for leaving

Name of Employer Telephone No.

Address

Job Title Supervisor

Dates: From To Salary: From To

Reason for leaving

Name of Employer Telephone No.

Address

Job Title Supervisor

Dates: From To Salary: From To

Reason for leaving

REFERENCES

Name Phone No.

Address

Name Phone No.

Address

Name Phone No.

Address

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. 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 that Putnam County maintains a drug free workplace policy and that Putnam County requires that every newly hired employee be free of alcohol and other drug abuse. Each offer of employment shall be conditioned upon the passing of a breath, saliva, blood and/or urine test for alcohol and other drugs. I understand that the County will not hire any applicant who fails to pass the pre-employment alcohol and other drug tests. I understand that this employer participates in the E-Verify Program and that I must provide proper documentation that I am legally allowed to work in the United States.

Signature of Applicant Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: ___YES ___NO

Remarks: _____

Employed: ___YES ___NO

Date of Employment: _____

Job Title: _____

Department: _____

Hourly Rate/Salary: _____

BY: _____
Name and Title Date