

HOUSTON COUNTY

APPLICATION FOR EMPLOYMENT

It is the policy of Houston County to select new employees and to promote current employees without regard to race, sex, religion, national origin, marital status or disability.

INSTRUCTIONS: You must answer all items on this application fully and accurately. The information that you give will be used in determining your qualifications and rating for employment. If an item does not apply to you, or if there is no information to be given, write the letters "N/A" for Not Applicable. **PRINT IN INK OR TYPE.** A resume may be attached BUT WILL NOT be accepted in lieu of this application. In order to be assured consideration for employment, your application must be received no later than the closing date of the vacancy announcement.

Position(s) Desired:	Date:
(1) _____ (2) _____ (3) _____	

_____ Full Time	_____ Part Time	_____ Temporary	Salary Desired:
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PERSONAL DATA

Name:	Last	First	Middle	Social Security Number
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Address:	No. & Street	Apt. No.	City, State, Zip
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Telephone Numbers:	Are you between the ages of 17 and 70?
Home: _____ Business: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

U. S. Citizen or Permanent VISA

Yes No If no, give work permit number: _____

Have you ever been convicted of a crime other than a minor traffic violation? (A conviction does not automatically exclude you from employment consideration <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain on a separate sheet.	Do you have a relative working for the county? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name(s) and relationship.
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Have you ever been employed by Houston County? Yes No If yes, give dates, location and job classification: _____

Do you possess a valid motor vehicle Driver's License? Yes No Class _____ Lic No. _____

EDUCATION

	Name and Location	From Mo/Yr	To Mo/Yr	Highest Grade Completed	Did You Graduate	Type Degree	Major	Date Degree Obtained or To Be Obtained
High School								
College(s)								
(Other if Applicable)								
Graduate School								

MILITARY

Branch of U.S. Service _____ From Mo/Yr. _____ To Mo/Yr. _____ Rank _____

Major Duties: (Explain on separate sheet) _____

Honorable Discharge: _____ Yes _____ No (If no, explain on separate sheet)

Service Schools or special training (Explain on separate sheet) _____

Do you have a Reserve Obligation? _____ Yes _____ No (If yes, please describe) _____

EMPLOYMENT HISTORY: Please provide a complete employment history, listing all positions held, including **military**, part-time, summer, and volunteer. It is most important that you provide exact dates of employment, exact title or position, and detailed description of duties. If you held more than one position with an employer, please treat each position separately. This information will help determine eligibility. If submitting a resume, complete all information except Job Duties.

Were you ever discharged or asked to resign from any position? Yes No May we contact your present employer Yes No

(Begin with your present or most recent employer)

Name of Employer		Address	
Employment Dates (mo/yr)	Salary _____ hrs/wk	Name and Title of Supervisor	Telephone Number
from _____ / _____	Starting: \$ _____ per _____	Job Duties	
to _____ / _____	Present: \$ _____ per _____		
Position Title		Reason for Leaving	
Reason for Leaving			

Name of Employer		Address	
Employment Dates (mo/yr)	Salary _____ hrs/wk	Name and Title of Supervisor	Telephone Number
from _____ / _____	Starting: \$ _____ per _____	Job Duties	
to _____ / _____	Present: \$ _____ per _____		
Position Title		Reason for Leaving	
Reason for Leaving			

Name of Employer		Address	
Employment Dates (mo/yr)	Salary _____ hrs/wk	Name and Title of Supervisor	Telephone Number
from _____ / _____	Starting: \$ _____ per _____	Job Duties	
to _____ / _____	Present: \$ _____ per _____		
Position Title		Reason for Leaving	
Reason for Leaving			

REFERENCES

List three references (NOT minors, relatives or former employers) who have known you well during the past few years.

NAME	ADDRESS	OCCUPATION	PHONE NO.	NO. YEARS KNOWN

CERTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

I CERTIFY that the information given by me in this application is true and complete to the best of my knowledge knowing that any false information, misrepresentation, or concealment of fact is sufficient grounds for my application to be rejected or, if employed, my employment terminated.

I UNDERSTAND AND AGREE that all information furnished in this application may be verified by the County. I further understand that any offer of employment may be revoked in the event a drug test, given by the County discloses information on me which is considered disqualifying. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give the Houston County Government all information relative to my employment, education and character, and hereby release such individuals, organizations, and Houston County from any liability for any claim or damage which may result.

Signature _____

Date _____

