



BANKS COUNTY GOVERNMENT EMPLOYMENT APPLICATION

NOTICE TO APPLICANTS AND EMPLOYEES

Screening tests for alcohol and illegal drug use will be required before and during your employment here.

AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, or any other classification protected by law.

DATE OF APPLICATION: _____

This application is void after 90 days. Applications which are incomplete or older than 90 days will not be given consideration.

PLEASE PRINT CLEARLY IN INK

NAME (As it appears on Social Security Card / Work Permit Card)		Last		First		M.I.	
ADDRESS							
CITY, STATE, ZIP							
DAYTIME TELEPHONE							
EMAIL							
AT LEAST 18 YEARS OLD?		<input type="checkbox"/> YES		<input type="checkbox"/> NO			
OTHER NAMES YOU HAVE USED:							
POSITION APPLIED FOR:		FT <input type="checkbox"/> PT <input type="checkbox"/>		SALARY REQUIREMENTS		\$	
REFERRED FOR THIS POSITION BY:				DATE AVAILABLE:			
DO YOU HAVE ANY RELATIVES EMPLOYED WITH BANKS COUNTY GOVERNMENT? IF YES, PLEASE LIST THEIR NAME (S) <input type="checkbox"/> YES <input type="checkbox"/> NO							
HAVE YOU EVER BEEN EMPLOYED BY BANKS COUNTY GOVERNMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO WHEN? DEPARTMENT:							
SUPERVISOR:				REASON FOR LEAVING:			
IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION: I HAVE A VALID DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO D.L.# STATE:				CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES AS REQUIRED BY U.S. CITIZENSHIP AND IMMIGRATION SERVICES? Form I-9 Acceptable Documents USCIS <input type="checkbox"/> YES <input type="checkbox"/> NO			

EDUCATION

EDUCATIONAL LEVEL	NAME	CITY	STATE	YEARS COMPLETED	GRADUATION		
					DATE	DEGREE	MAJOR
HIGH SCHOOL							
GED							
COMMUNITY or JUNIOR COLL.							
BUSINESS or TRADE SCHOOL							
COLLEGE or UNIVERSITY							
GRADUATE SCHOOL							

COMPUTER SOFTWARE SKILLS

COMPUTER SOFTWARE	Name of Software	Your Proficiency with The Software		
Word Processing		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar
Spreadsheet		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar
Database		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar
Other		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar

LICENSES / CERTIFICATIONS / ORGANIZATIONS

PROFESSIONAL LICENSES AND CERTIFICATIONS (Job Related)	TYPES OF LICENSES and CERTIFICATES	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO / YR
PROFESSIONAL, SCHOLASTIC and OTHER ORGANIZATIONS (Job Related) <small>Exclude memberships that indicate your race, religion, color, national origin, ancestry, sex, age, disability or veteran status</small>	NAME	DATE	NAME	DATE	

JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED

EMPLOYMENT HISTORY

**LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U. S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK.
BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS**

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ MOS. YOUR POSITION: _____
EMPLOYER: _____ YOUR SUPERVISOR: _____
ADDRESS: _____ PHONE: _____
TYPE OF BUSINESS: _____ REASON FOR LEAVING: _____
BASE SALARY: _____ / _____ <input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY OTHER COMPENSATION, BONUSES: _____ <small>START FINAL</small>
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES: _____
FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ MOS. YOUR POSITION: _____
EMPLOYER: _____ YOUR SUPERVISOR: _____
ADDRESS: _____ PHONE: _____
TYPE OF BUSINESS: _____ REASON FOR LEAVING: _____
BASE SALARY: _____ / _____ <input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY OTHER COMPENSATION, BONUSES: _____ <small>START FINAL</small>
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES: _____
FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ MOS. YOUR POSITION: _____
EMPLOYER: _____ YOUR SUPERVISOR: _____
ADDRESS: _____ PHONE: _____
TYPE OF BUSINESS: _____ REASON FOR LEAVING: _____
BASE SALARY: _____ / _____ <input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY OTHER COMPENSATION, BONUSES: _____ <small>START FINAL</small>
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES: _____
FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ MOS. YOUR POSITION: _____
EMPLOYER: _____ YOUR SUPERVISOR: _____
ADDRESS: _____ PHONE: _____
TYPE OF BUSINESS: _____ REASON FOR LEAVING: _____
BASE SALARY: _____ / _____ <input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY OTHER COMPENSATION, BONUSES: _____ <small>START FINAL</small>
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES: _____

(ATTACH ADDITIONAL PAGE IF NECESSARY)

REFERENCES

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY, STATE, ZIP: _____	CITY, STATE, ZIP: _____
DAYTIME PHONE: _____	DAYTIME PHONE: _____
RELATIONSHIP: _____ (No Relatives)	RELATIONSHIP: _____ (No Relatives)
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY, STATE, ZIP: _____	CITY, STATE, ZIP: _____
DAYTIME PHONE: _____	DAYTIME PHONE: _____
RELATIONSHIP: _____ (No Relatives)	RELATIONSHIP: _____ (No Relatives)

EMERGENCY CONTACT

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

DAYTIME PHONE: _____ BUSINESS PHONE: _____ CELL PHONE: _____

AUTHORIZATION AND AGREEMENT

I HEREBY AUTHORIZE BANKS COUNTY TO CONTACT:

MY PRESENT EMPLOYER(S)

YES

NO

MY PAST EMPLOYERS:

YES

NO

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests, including alcohol, illegal drug testing and production of all documents necessary for BANKS COUNTY to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

As an employer, BANKS COUNTY is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be submitted to the Human Resources Director.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is AT-WILL and I may resign at any time for any reason; similarly, my employment may be terminated by the county at any time without cause. Any changes to this AT-WILL employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.

SIGNATURE OF APPLICANT: _____ DATE: _____