

# LUMPKIN COUNTY Employment Application



EQUAL OPPORTUNITY EMPLOYER

## APPLICANT INFORMATION

Last Name	First	Middle	Date
Street Address		Apartment/Unit #	
City	State	ZIP	How were you referred to this organization?
Phone Number(s)		Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No (If under 18, hire is subject to verification of minimum legal age.)	

Position Applied for \_\_\_\_\_ **If necessary for the job (see job listing), I am able to:**

Work overtime?  Yes  No

Work weekends & holidays?  Yes  No

Work 2<sup>nd</sup>, 3<sup>rd</sup>, or 12 hour shifts?  Yes  No

**Provide a valid driver's license of the appropriate type?  Yes  No**

Are you authorized to work in the U.S.?  Yes  No

Have you ever worked for Lumpkin County? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position and Supervisor	From To
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Do you have relatives working for Lumpkin County? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and Relationship
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Have you ever been convicted of an un-lawful offense? <input type="checkbox"/> Yes <input type="checkbox"/> No	A "yes" answer will not necessarily disqualify you from employment. If yes, explain
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Have you ever been convicted of a moving violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain
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## EDUCATION

<b>High School</b>	<b>Location</b>	Highest Grade Completed 7 8 9 10 11 12 GED
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<b>College or Business School</b>	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree
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<b>Trade or Apprentice School</b>	Specialty
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List licenses, certificates, vocational or business courses you have taken that relate to the job applied for.

## PLEASE LIST THREE PROFESSIONAL REFERENCES

<b>Full Name</b>	Relationship
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Contact Information

<b>Full Name</b>	Relationship
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Contact Information

<b>Full Name</b>	Relationship
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Contact Information

**PREVIOUS EMPLOYMENT** Begin with current or most recent employer. Include military service and volunteer work. Include last 10 years.

May we contact your current employer for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A

<b>Company</b>		Phone (      )	
Address		Supervisor	
Job Title	Hire Date	End Date	
Responsibilities			
Reason for Leaving			

<b>Company</b>		Phone (      )	
Address		Supervisor	
Job Title	Hire Date	End Date	
Responsibilities			
Reason for Leaving			

<b>Company</b>		Phone (      )	
Address		Supervisor	
Job Title	Hire Date	End Date	
Responsibilities			
Reason for Leaving			

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**DISCLAIMER AND SIGNATURE**

I authorize Lumpkin County to contact current and former employers and references. I authorize current and former employers and references to supply such information verbally or in writing to Lumpkin County Human Resources.

I understand that Lumpkin County has a Substance Abuse Policy that includes random drug and/or alcohol testing.

I understand that any offer of employment is contingent upon successful completion of a drug screening and may also be contingent upon passing a medical examination.

I certify that my answers are true and complete to the best of my knowledge. I have not knowingly withheld any information that would detrimentally affect my application for employment.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my dismissal.

<b>Signature</b>	<b>Date</b>
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