



ELBERT COUNTY GOVERNMENT EMPLOYMENT APPLICATION

Instructions: Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file for six months. It is up to you to periodically check to keep it current and active. Be sure to sign and date the application. *Please print.*

Name and Address

Name (First, MI, Last):

Mailing Address:

City, State and Zip Code:

Telephone:

Alternate Phone:

Email Address:

Employment Type

Position Applied For:

Special training or skills (languages, machine operation, licenses, software, etc.) that would benefit you in the job for which you are applying:

Have you ever been employed with Elbert County before? YES NO

If yes, list position and dates:

Days/hours available for work

Would you accept full-time work? YES NO

Would you accept part-time work? YES NO

On what date would you be available to begin work?

Additional Information

I certify that I am a U.S. citizen, permanent resident or a foreign national with authorization to work in the United States
 YES NO (If YES, proof required)

Have you ever been convicted of, or entered a plea of guilty, no contest or had a withheld judgment to a felony?

YES NO

If YES, please explain:

Educational Background

School	Location (mailing address)	Years Completed	Major	Degree or Diploma
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High School

College/Business/Trade School

Military

Have you ever been in the Armed Forces? ___ YES ___ NO	Date Entered: Date Discharged:
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Are you now a member of the National Guard? ___ YES ___ NO
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Specialty:

Work Experience

Please list ALL work experience beginning with your most recent job held.

Company	Name of last supervisor	Hrs worked per week
Address	Start Date	Starting Salary
City, State and Zip Code	End Date	Final Salary
Telephone Number	Job Title	
Reason for leaving:		

List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? YES NO

Company	Name of last supervisor	Hrs worked per week
Address	Start Date	Starting Salary
City, State and Zip Code	End Date	Final Salary
Telephone Number	Job Title	
Reason for leaving:		

List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? YES NO

Work Experience Continued

Company	Name of last supervisor	Hrs worked per week
Address	Start Date	Starting Salary
City, State and Zip Code	End Date	Final Salary
Telephone Number	Job Title	
Reason for leaving:		

List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? ___ YES ___ NO

Company	Name of last supervisor	Hrs worked per week
Address	Start Date	Starting Salary
City, State and Zip Code	End Date	Final Salary
Telephone Number	Job Title	
Reason for leaving:		

List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? ___ YES ___ NO

References

Please exclude relatives and former employers

Name _____ Telephone Number _____

Address _____ City _____ State _____ Zip _____

Nature of acquaintance _____

Name _____ Telephone Number _____

Address _____ City _____ State _____ Zip _____

Nature of acquaintance _____

Name _____ Telephone Number _____

Address _____ City _____ State _____ Zip _____

Nature of acquaintance _____

Name _____ Telephone Number _____

Address _____ City _____ State _____ Zip _____

Nature of acquaintance _____

I certify that all the information submitted by me on this application is true and complete and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to Elbert County Government's rules and regulations and I agree that my Employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or Elbert County Government's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by Elbert County Government. I understand that only a designated County representative, and then only in writing and signed by the designated representative, has any authority to enter into any agreement for employment for any specific period of time, or make any agreement contrary to the foregoing.

Applicant's Signature: _____ **Date:** _____

Elbert County is a drug-free workplace and an equal opportunity employer that does not discriminate against a person's race, color, sex, national origin, religion, handicap, or financial status.
This employer participates in e-verify.