

MACON COUNTY APPLICATION FOR EMPLOYMENT

The County is an Equal Opportunity Employer

Initial screening will be based on this application. Please be sure to answer all the items completely and accurately. Let us know if you do not understand an item or need help in completing this application.

POSITION APPLIED FOR: _____

DEPARTMENT: _____

DATE: _____ SOCIAL SECURITY NUMBER _____ - _____ - _____

NAME: _____ PHONE: _____

Last, Middle, First

ADDRESS: _____

Street, County, State, Zip

DRIVER'S LICENSE # _____

DO YOU HAVE A CDL LICENSE _____ WHAT CLASS: _____

CHECK THE TYPE OF WORK FOR WHICH YOU ARE APPLYING:

FULL TIME _____ PART TIME _____

HOW LONG DO YOU INTEND ON BEING EMPLOYED BY THE COUNTY? _____

WHEN WOULD YOU BE ABLE TO START? _____

HAVE YOU EVER WORKED FOR THE COUNTY BEFORE? _____

IF YES, PLEASE EXPLAIN WHEN, IN WHAT CAPACITY, AND REASON FOR LEAVING:

DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED BY THE COUNTY? _____

IF YES STATE NAME, RELATIONSHIP, AND DEPARTMENT IN WHICH THEY ARE EMPLOYED:

EDUCATION/ TRAINING

PLEASE PROVIDE INFORMATION ABOUT YOUR EDUCATIONAL AND TRAINING BACKGROUND

WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU HAVE ATTAINED? ELEMENTARY _____

JUNIOR HIGH _____ HIGH SCHOOL _____ LAST GRADE COMPLETED _____

NAME OF SCHOOL(S): _____ COURSES ATTENDED: _____ DATES ATTENDED: _____

PLEASE MAKE A HANDWRITTEN STATEMENT CONCERNING WHY YOU BELIEVE YOU WOULD BE A GOOD EMPLOYEE IN THE DEPARTMENT YOU HAVE APPLIED FOR. BE SPECIFIC. (IF FOR EXAMPLE, YOU ARE APPLYING FOR A ROAD/BRIDGE JOB, STATE WORK EXPERIENCE THAT HAS PREPARED YOU FOR THIS WORK.)

WORK EXPERIENCE

NOTE: NOT ANSWERING ALL ITEMS IN THE FOLLOWING SECTION MAY ELIMINATE YOU FROM FURTHER CONSIDERATION. BE SURE TO PROVIDE PHONE NUMBERS FOR YOUR MOST RECENT EMPLOYERS. IF YOU HAVE BEEN DISCHARGED FROM ANY POSITION, PLEASE EXPLAIN IN DETAIL.

1. PREVIOUS EMPLOYER: _____
ADDRESS _____
PHONE: _____ POSITION: _____
SUPERVISOR NAME: _____
EMPLOYMENT DATES: FROM _____ TO _____
MAIN DUTIES: _____
FINAL SALARY: _____ PER: _____
REASON FOR LEAVING: _____

2. PREVIOUS EMPLOYER: _____
ADDRESS _____
PHONE: _____ POSITION: _____
SUPERVISOR NAME: _____
EMPLOYMENT DATES: FROM _____ TO _____
MAIN DUTIES: _____
FINAL SALARY: _____ PER: _____
REASON FOR LEAVING: _____

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? _____
ARE YOU A UNITED STATES CITIZEN? _____
ARE YOU OVER 21 YEARS OF AGE? _____
HAVE YOU EVER BEEN CONVICTED OF A FELONY CRIME? _____
IF YES, EXPLAIN: _____

PLEASE READ CAREFULLY AND SIGN- APPLICATIONS NOT SIGNED WILL NOT BE ACCEPTED.

THE FACTS SET FORTH ABOVE IN MY APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF EMPLOYED, FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL. I FURTHER UNDERSTAND THAT AN INCOMPLETE APPLICATION OR AN ABSENCE OF MY SIGNATURE ON THIS APPLICATION IS JUST CAUSE FOR REJECTION OF THIS APPLICATION. MY SIGNATURE AUTHORIZES THE COUNTY TO REVIEW MY PREVIOUS EMPLOYMENT RECORD, MY DRIVING AND CRIMINAL RECORDS AND/ OR BACKGROUND DATA AS IT MAY RELATE TO THE POSITION(S) FOR WHICH I AM APPLYING OR HAVE BEEN HIRED. I ALSO UNDERSTAND THAT FOR SOME POSITIONS, AN OFFER OF EMPLOYMENT WITH THE COUNTY MAY BE CONTINGENT UPON RESULTS OF A PHYSICAL EXAMINATION.

ARE YOU WILLING TO SIGN FOR AND AGREE TO CONDITIONS OF EMPLOYMENT OF THE COUNTY THAT HAVE BEEN REVIEWED AND ARE IN ACCORD WITH KNOWN STATE AND FEDERAL LAW? _____

SIGNATURE OF APPLICANT: _____
DATE: _____