

County of Upson

APPLICATION FOR EMPLOYMENT



106 East Lee Street

Suite 110

Thomaston, GA 30286

706-647-7012

Last Name

First Name

Middle Initial

(Please Print)

Primary Job Classification(s) sought: _____

Name _____
Last First Middle

Address _____
Number Street

City State Zipcode

Social Security Number _____ Home Telephone Number _____

Date of Application _____ Work Telephone Number _____

Have you filed an application here before? () Yes () No If Yes, When? _____

Have you ever been employed here before? () Yes () No If Yes, When? _____

Are you employed now? () Yes () No May we contact your present employer? () Yes () No

Are you prevented from lawfully becoming employed
in this country because of Visa or immigration status? () Yes () No

(Proof of citizenship or immigration status may be required upon employment)

On what date would you be available for work? _____

Are you available to work () Full Time () Part-time () Shift () Temporary

Are you on a lay-off and subject to recall? () Yes () No

Can you travel if the job requires it? () Yes () No

Have you been convicted of a felony? () Yes () No

If Yes, please explain _____

AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H

Veteran of the U.S. military service? () Yes () No If Yes, Branch _____

Indicate what foreign languages you speak, read, and/or write.

	Fluently	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held.

(exclude those which indicate race, color, religion, sex or national origin): _____

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical Or Mental Handicaps.

Government contractors are subject to section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam era, and section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

() Handicapped Individual () Disabled Veteran () Vietnam Era Veteran

Signed _____

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer	Dates Employed From To		Work Performed
Address			
Job Title			
Supervisor			
Reason for Leaving			
Employer	Dates Employed From To		Work Performed
Address			
Job Title			
Supervisor			
Reason for Leaving			
Employer	Dates Employed From To		Work Performed
Address			
Job Title			
Supervisor			
Reason for Leaving			
Employer	Dates Employed From To		Work Performed
Address			
Job Title			
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience.

Education

	Elementary	High	College/University	Graduate Professional
School Name				
Years Completed(circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree	XXXXXXXXXXXXXXXXXXXX	_____	_____	_____
Describe Course of Study	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX			
Describe specialized training, Apprenticeship, skills, and extra-curricular activities				

Honors Received:

State any additional information you feel may be helpful to us in considering your application.

AGREEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all of the rules and regulations of Upson County if I am employed.

Date

Signature of Applicant

For Personnel Department Use Only	
Arrange Interview	() Yes () No
Remarks	_____
Employed	() Yes () No Date of Employment _____
Job Title	Hr. Rate/Salary _____ Department _____
By	_____
	Name and Title _____ Date _____

THIS APPLICATION WILL ONLY BE CONSIDERED FOR VACANCIES EXISTING ON OR WITHIN SIXTY (60) DAYS AFTER IT IS FILED WITH THE PERSONNEL OFFICE OF UPSON COUNTY.

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, handicap, or any other legally protected status. As a governmental employer we comply with all regulations and affirmative action responsibilities.

The following information is required in order to comply with the permanent injunction referred to above:

APPLICANT'S FULL NAME: _____

APPLICANT'S SEX: Male Female

APPLICANT'S AGE: _____ Years

APPLICANT'S RACE: White Black Hispanic

American Indian/Alaskan Native

Asian/Pacific Islander

This information will be kept confidential and will only be utilized for the purposes required under applicable law.