

Application for Employment

Liberty County Commissioners
P.O. Box 829
Hinesville, Ga 31310
(912) 876-2164

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application or interview process should notify a representative of the Human Resources Department.

Name Last First Middle Social Security # - -

Address Street City State Zip Code

Telephone # () Mobile/Beeper/Other Phone # () E-mail Address

Position(s) applied for Date of application / /

Referral Source (Please check the appropriate category and name the source.)

- Walk-in School
Employee Job Fair
Advertisement Staffing Agency
Company's Website Government Employment Agency
Other Internet Other

If necessary, best time to call you at home is : AM PM

May we contact you at work? Yes No

If YES, work number and best time to call: AM () : PM

If you are under 18 and is required, can you furnish a work permit? Yes No

If NO, please explain

Have you submitted an application here before? Yes No

If YES, give date(s) and position(s)

Have you ever been employed here before? Yes No

If YES, gives dates FROM / / TO / /

Are you legally eligible for employment in this country? Yes No

Date available for work / /

What is your desired salary range or hourly rate of pay?

\$ Per

Type of employment desired: Full-Time Part-Time

Educational Co-Op Seasonal Temporary

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

If NO, please explain

Driver's license number required if driving may be required in the job for which you are applying:

State

Have you ever been bonded? Yes No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a felony? Yes No

If YES, please provide date(s) and details

Employment History

Starting with the most recent employer, provide the following information.

Employer	Telephone# ()	Month	Year	Month	Year
		Date Employed: / to /			
Street Address		City		State	
Compensation(starting)					
		Hourly	Salary	\$	Per
Starting job title/final job title					
Commission/Bonus/Other Compensation \$					
Immediate supervisor and title (for most recent held position)			May we contact for reference?		
			Yes ___ No ___ Later ___		
Compensation (Final)					
		Hourly	Salary	\$	Per
Reason for leaving					
Commission/Bonus/Other Compensation \$					
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					
What were the things you liked least about the position?					

Employer	Telephone# ()	Month	Year	Month	Year
		Date Employed: / to /			
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Compensation(starting)					
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Starting job title/final job title					
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Employment History (continues)

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Street Address City State	Compensation(starting) Hourly Salary \$ Per
Starting job title/final job title	Commission/Bonus/Other Compensation \$
Immediate supervisor and title (for most recent held position)	May we contact for reference? Yes No Later
Reason for leaving	Compensation (Final) Hourly Salary \$ Per
Summarize the type of work performed and job responsibilities.	
What did you like most about your position?	
What were the things you liked least about the position?	

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job? _____ Yes _____ No

If YES, please explain _____

Skills and Qualifications

Summarize any special training, skills licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (check appropriate boxes. Include software titles and years of experience.)

Word Processing _____	Years: _____	Internet _____	Years: _____
Spreadsheet _____	Years: _____	Other _____	Years: _____
Presentation _____	Years: _____	Other _____	Years: _____
E-mail _____	Years: _____	Other _____	Years: _____

Educational Background

Start with your most recent school attended, provide the following information.

School (include City and State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		___ Diploma ___ GED ___ Degree _____ ___ Certification _____ ___ Other _____		
		___ Diploma ___ GED ___ Degree _____ ___ Certification _____ ___ Other _____		
		___ Diploma ___ GED ___ Degree _____ ___ Certification _____ ___ Other _____		
		___ Diploma ___ GED ___ Degree _____ ___ Certification _____ ___ Other _____		

References

List name and telephone number of three business/work references that are not related to you and are not previous supervisors.

If not applicable, list three school or personal references that are not related to you.

Name	Title	Relationship To You	Telephone	Numbers of Years Known
			()	
			()	
			()	

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veterans/reserve National Guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veterans/reserve National Guard or any other similarly protected status.

Related Information (continues)

If your current or prior job, have ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable

If YES, please explain: _____

Is there any other job-related information you want us to know about you? _____

Do you have relatives (*immediate family) currently employed with Liberty County or *immediate family members that are elected officials?
If so Please list the names in the space provided. _____

*Immediate Family is defines as spouse, children, grandchildren, parents, grandparents, brother, sister, mother in law and father in law, or any person who resides in the employee's household and who is recognized by law as a dependent of a county employee.

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purposes of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, it will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____/_____/_____

