

# MONROE COUNTY EMPLOYMENT APPLICATION FORSYTH, GEORGIA

**We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.**

(PLEASE PRINT)

Position(s) Applied For	Date of Application	
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____		
Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes     No

Have you ever filed an application with us before?  Yes     No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes     No

If Yes, give date \_\_\_\_\_

Are you currently employed?  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 will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_

Are you available to work:       Full Time    Part Time    Shift Work    Temporary

Are you currently on "lay-off" status and subject to recall?  Yes    No

Can you travel if a job requires it?  Yes    No

Have you been convicted of a felony within the last 7 years?  Yes    No

*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain \_\_\_\_\_

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# Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.


Describe any job-related training received in the United States military.


# Additional Information

## Other Qualifications

Summarize special job-related skills and qualifications acquired' from employment or other experience.

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### Specialized Skills

### Check Skills/Equipment Operated

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> WordPerfect	_____	_____

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

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Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES  NO

### References

1.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
(Address)

2.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
(Address)

3.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
(Address)

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

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

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

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

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## ALCOHOL AND CONTROLLED SUBSTANCE TESTING

As a condition of employment by Monroe County Government, you will be required to submit to an alcohol and controlled substance screening test. Employees must, as a condition of employment, abide by our policy regarding the effects of drug use and the unlawful possession of controlled substances. Employees must report any conviction under a criminal drug statute for such violations. A report of the conviction must be made within five (5) days after the conviction. (This requirement is mandated by the Drug-Free Workplace Act of 1988). In order to be employed by the Monroe County Government, you must successfully pass this screening test.

By signing this form, you are acknowledging that you consent to such an examination and screening test.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Position(s) Applied For is Open:     Yes         No

Position(s) Considered For: \_\_\_\_\_

Date \_\_\_\_\_

### NOTES

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# Applicant's Statement

I certify that 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.  
This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.  
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.  
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 rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant Date

## For Personnel Department Only

Arrange Interview:  Yes  No

Remarks \_\_\_\_\_  
\_\_\_\_\_

Employed  Yes  No

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Date of Employment \_\_\_\_\_

Hourly Rate/ Salary \_\_\_\_\_

Department \_\_\_\_\_

Job Title \_\_\_\_\_

By: \_\_\_\_\_

Name and Title

Date

Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER