

# 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)		Email

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 \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# 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.


# 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, 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 Numbers (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.


# 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 USE ONLY

Arrange Interview  Yes  No

Remarks: \_\_\_\_\_

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

Employed  Yes  No

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

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
Name and Title Date

Notes

---



---



---



---



---

# ADDITIONAL INFORMATION

## Other Qualifications

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


## 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.


**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

<b>1.</b>		( )	
	(Name)		Phone #
	(Address)		
<b>2.</b>		( )	
	(Name)		Phone #
	(Address)		
<b>3.</b>		( )	
	(Name)		Phone #
	(Address)		

**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 durg statute for suct 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: \_\_\_\_\_

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied For is Open;  Yes  No

Position(s) Considered For:

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

**NOTES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S CERTIFICATION AND AGREEMENT  
AUTHORIZATION TO RELEASE INFORMATION  
CONDITIONS OF EMPLOYMENT**

I hereby declare the information provided by me in this application is true and complete, and I understand that misrepresentations, omissions of facts, or falsification of this information are grounds for refusal to hire, or if hired, termination.

I authorize any persons or organizations to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to you.

I authorize you to request, receive, and verify all information given in this application. I understand that the information provided on this application may be subject to public disclosure under the Georgia Open Records Act.

If I am employed by the Monroe County Government, I agree to conform to the policies, rules, and regulations of the government set forth in the employee handbook, policies, and ordinances; and acknowledge that these policies, rules, and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option.

I further acknowledge that if I am employed by the employer, my employment will be at-will and may be terminated with or without cause at any time by me or by the employer.

If required by Monroe County Government for the position I am applying, I consent to undergo a physical examination prior to being offered employment, as deemed necessary.

I acknowledge that before I can be selected for employment with Monroe County Government I must submit to a drug test. Should I be offered a job with Monroe County Government, I understand this position may require periodic drug testing.

**May we contact your present employer: \_\_\_ No \_\_\_ Yes \_\_\_ Presently not employed**

**You must sign this "Authorization to Release Information" form to enable us to contact prior employers, even though we may not contact your present employer:**

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

\*\*\*\*\*

**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 Monroe County Government, you must successfully pass this screening test.

**By signing this form, you are acknowledging that you consent to such examination and screening tests:**

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