

Application For Employment

Burke County Board of Commissioners

PO Box 89 © Waynesboro, GA 30830 © 706-554-2324



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

Position(s) Applied For

Date of Application

**EQUAL OPPORTUNITY
EMPLOYER
DRUG-FREE WORK PLACE**

Last Name

First Name

Middle Name

Address

City State Zip Code

Telephone Numbers

Telephone Numbers

E-Mail Address

Best Time To Contact You _____ a.m./p.m.

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever been employed by us before? Yes No If Yes, give date _____

Supervisor's Name _____

Do any of your friends or relatives, other than your spouse, work here? Yes No

If yes, state name, relationship and location _____

Are you currently employed?

Yes No

May we contact your current employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment* Yes No

Date Available for Work ____ - ____ - ____ What is your desired salary range? _____

Can you travel if a job requires? Yes No

Are you available to work? FULL TIME PART TIME (*morning or afternoon*) TEMPORARY
Please indicate available dates

Education

	Name & Address of School	Course of Study	Number of Years Completed	Diploma or Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (specify)				

Work Experience

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

<i>Employer</i>	<i>Dates Employed</i>		<i>Work Performed</i>
	<i>To:</i>	<i>From:</i>	
<i>Address</i>	<i>City</i>	<i>State & Zip</i>	
<i>Telephone Number(s)</i>	<i>Hourly Rate/Salary</i>		
<i>Starting/Present Job Title</i>	<i>Starting:</i>		
<i>Supervisor</i>	<i>Final:</i>		
<i>Reason for leaving</i>	<i>May we contact?</i>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employer	Dates Employed <i>To:</i> <i>From:</i>		Work Performed
Address	City	State & Zip	
Telephone Number(s)	Hourly Rate/Salary <i>Starting:</i> <i>Final:</i>		
Starting/Present Job Title			
Supervisor			
Reason for leaving	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employer	Dates Employed <i>To:</i> <i>From:</i>		Work Performed
Address	City	State & Zip	
Telephone Number(s)	Hourly Rate/Salary <i>Starting:</i> <i>Final:</i>		
Starting/Present Job Title			
Supervisor			
Reason for leaving	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Comments: Include explanation of any gaps in employment.

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

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

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

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

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? Yes No

Personal/professional references *Please do not include family members.*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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
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