

EFFINGHAM COUNTY BOARD OF COMMISSIONERS

EMPLOYMENT APPLICATION*

DATE: _____

HUMAN RESOURCES DEPARTMENT 601 North Laurel Street Springfield, Georgia 31329 Telephone: (912) 754-2104 Fax (912) 754-4157						
NAME LAST	FIRST	MIDDLE	STREET ADDRESS	CITY	STATE	ZIP
PHONE NUMBER			YEARS AT ABOVE ADDRESS			
() _____						
NAME OF JOB APPLYING FOR						
ARE YOU AVAILABLE TO WORK ANY TIME OF THE DAY <input type="checkbox"/> YES <input type="checkbox"/> NO						
TYPING SKILLS: _____ WPM						
ARE YOU AVAILABLE TO WORK ANY DAY OF THE WEEK <input type="checkbox"/> YES <input type="checkbox"/> NO						
FORMER COUNTY EMPLOYEE	DEPARTMENT	JOB TITLE	FROM	TO		
<input type="checkbox"/> YES	<input type="checkbox"/> NO					
RELATIVES WORKING FOR THE EFFINGHAM COUNTY BOARD OF COMMISSIONERS- NAMES AND RELATIONSHIP						
HOW DID YOU LEARN OF THIS AVAILABLE POSITION			<input type="checkbox"/> WALK IN	<input type="checkbox"/> OTHER		
PLEASE CHECK		<input type="checkbox"/> NEWSPAPER	<input type="checkbox"/> INTERNET	EXPLAIN		
ARE YOU AUTHORIZED TO BE EMPLOYED IN THE UNITED STATES <input type="checkbox"/> YES <input type="checkbox"/> NO						
<small>*Note: If offered employment, you will be required to provide documentation to verify employment eligibility. Failure to provide this documentation may result in a determination that the applicant is ineligible for employment in the United States</small>						
LIST LICENSES/CERTIFICATES RELATED TO POSITION APPLIED FOR						
HAVE YOU EVER BEEN CONVICTED FOR VIOLATING ANY LAW? <input type="checkbox"/> YES <input type="checkbox"/> NO A YES WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT IF YES, PLEASE EXPLAIN						
MUST POSSESS A VALID DRIVERS LICENSE- PLEASE COMPLETE THE FOLLOWING:						
POSSESS A VALID DRIVERS LICENSE		GOOD DRIVING RECORD	DRIVERS LICENSE NO	DRIVER'S LICENSE CLASS/ENDORSEMENTS		
YES	NO	YES	NO			
U.S. MILITARY HISTORY						
BRANCH	DATE ENTERED	DATE DISCHARGED	TYPE OF DISCHARGE	HIGHEST RANK ATTAINED AND UNIT		
INDICATE SPECIFIC SKILLS ACQUIRED IN THE US. ARMED FORCES:						
EDUCATIONAL HISTORY						
HIGH SCHOOL (NAME & LOCATION)		CIRCLE THE HIGHEST GRADE COMPLETED			GRADUATED?	
		7 8 9 10 11 12			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GED	
TRADE OR APPRENTICE SCHOOL (NAME & LOCATION)		FROM	TO			
COLLEGE/UNIVERSITY/BUSINESS SCHOOL (NAME & LOCATION)		FROM	TO	HRS. EARNED	QTRS. EARNED	MAJOR & DEGREE EARNED
DESCRIBE SPECIAL VOCATIONAL OR BUSINESS COURSES YOU HAVE TAKEN WHICH RELATE TO THE JOB FOR WHICH YOU ARE APPLYING						

- The Effingham County Board of Commissioners is an equal opportunity employer and provides fair and equal employment opportunities to all applicants for employment and employees without regard to race, color, religion, national origin, citizenship status, age, sex, disability, veteran's status, or political affiliation.

USE THIS SPACE FOR COMMENTS ABOUT YOUR SPECIAL ABILITIES I.E. APPRENTICESHIPS, TOOLS, CERTIFICATIONS, EXPERIENCE, ETC.

Describe your work history BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB. Include military, volunteer experience and periods of unemployment. Complete address with zip code and phone numbers for all employers are necessary. A resume may be attached only as additional information and will not be accepted in lieu of completing this section.

EMPLOYMENT HISTORY (PLEASE COVER EMPLOYMENT HISTORY FOR PAST TEN YEARS, INCLUDING MILITARY IF APPLICABLE USE ATTACHMENT IF NECESSARY.)

NAME, ADDRESS, & PHONE	FROM MO/YR.	TO MO/YR	WAGE RATE START/FINISH	JOB TITLE AND DUTIES	REASON FOR LEAVING SUPERVISORS NAME
Name Address Phone					
Name Address Phone					
Name Address Phone					
Name Address Phone					

PLEASE COMPLETE ALL AREAS ABOVE. WHETHER OR NOT A RESUME IS ATTACHED. WORK REFERENCES WE MAY CONTACT (INCLUDE AT LEAST TWO MOST RECENT OR CURRENT SUPERVISORS)

NAME	ADDRESS	NAME	ADDRESS
OCCUPATION	PHONE	OCCUPATION	PHONE
NAME	ADDRESS	NAME	ADDRESS
OCCUPATION	PHONE	OCCUPATION	PHONE

PLEASE READ THIS IMPORTANT INFORMATION BELOW. ASK FOR CLARIFICATION IF NEEDED.

The undersigned has applied for employment with the Effingham County Board of Commissioners and hereby authorizes the Effingham County BOC to contact my current and former employers and references for the purpose of acquiring information regarding me, I hereby authorize such employers and references to supply such information verbally or in writing to the Effingham County BOC. In consideration for their furnishing such information, I hereby waive any and all claims against my former employers and references which may arise from them furnishing such information.

I understand the Effingham County Board of Commissioners has a Substance Abuse Prevention Program which includes drug testing. I agree to comply with applicable County policy.

I understand that once offered a position I will be required to complete a medical evaluation and drug screening.

I understand that once offered a position I may be required to pass a physical examination as a condition of continued employment.

I certify that the answers given by me to all of the questions on this application are to the best of my knowledge and belief true and correct. I further affirm that I have not knowingly withheld any facts or circumstances that would be detrimentally affect my application for employment, and I understand that any misleading or incorrect statement may render this application void and would be cause for dismissal, if employed.

I AGREE THAT IF HIRED THE EFFINGHAM COUNTY BOARD OF COMMISSIONERS OR I MAY TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE. I UNDERSTAND THAT NO COUNTY POLICY, PRACTICE, PROCEDURE, OR STATEMENT BY ANY COUNTY REPRESENTATIVE SHALL LIMIT OR ALTER THIS AT-WILL EMPLOYMENT RELATIONSHIP.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS:

SIGNATURE

DATE

**Applications are only accepted for specific positions that have been posted. No applications will be submitted after the deadline date and all applications are deemed inactive once the position has been filled.