

# APPLICATION FOR EMPLOYMENT

GRADY COUNTY BOARD OF COMMISSIONERS  
DRUG FREE WORKPLACE  
250 North Broad Street  
Cairo, GA 39828  
(229) 377-1512

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information 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"/> Relative | <input type="checkbox"/> Inquiry     |                     |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Friend   | <input type="checkbox"/> Other _____ |                     |
| Last Name                                  |                                   | First Name                           | Middle Name         |
| Address                                    | Number                            | Street                               | City State Zip Code |
| Telephone Number(s)                        |                                   | Social Security Number (Voluntary)   |                     |

Best time to contact you at home is:

\_\_\_\_:\_\_\_\_ AM  
\_\_\_\_:\_\_\_\_ PM

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 \_\_\_\_\_

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

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?

*Proof of citizenship or immigration status will be required upon employment.* ..... ☐ Yes ☐ No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work: ☐ Full-Time (please indicate 1 2 3 shift)

☐ Part-Time (please indicate Mornings Afternoon Evenings)

☐ Temporary (please indicate dates available \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)

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

Can you travel if a job requires it? ..... ☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

# EDUCATION

|                          | Name and Address<br>of School | Course of Study | Number of<br>Years<br>Completed | Diploma<br>Degree |
|--------------------------|-------------------------------|-----------------|---------------------------------|-------------------|
| Elementary<br>School     |                               |                 |                                 |                   |
| High School              |                               |                 |                                 |                   |
| Undergraduate<br>College |                               |                 |                                 |                   |
| Graduate<br>Professional |                               |                 |                                 |                   |
| Other<br>(Specify)       |                               |                 |                                 |                   |

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

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

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# 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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# ADDITIONAL INFORMATION

## Other Qualifications

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

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## SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

| ___ Terminal   | ___ Spreadsheet     | Production/Mobile<br>Machinery (list) | Other (list) |
|----------------|---------------------|---------------------------------------|--------------|
| ___ PC/MAC     | ___ Word Processing | _____                                 | _____        |
| ___ Typewriter | ___ Shorthand       | _____                                 | _____        |
| WPM _____      | WPM _____           | _____                                 | _____        |
|                |                     | _____                                 | _____        |

*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.

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

## REFERENCES

|    |                                  |               |
|----|----------------------------------|---------------|
| 1. | _____ (Name) _____ (_____) _____ | Phone # _____ |
|    | _____ (Address)                  |               |
| 2. | _____ (Name) _____ (_____) _____ | Phone # _____ |
|    | _____ (Address)                  |               |
| 3. | _____ (Name) _____ (_____) _____ | Phone # _____ |
|    | _____ (Address)                  |               |
| 4. | _____ (Name) _____ (_____) _____ | Phone # _____ |
|    | _____ (Address)                  |               |

# 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.

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.

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 \_\_\_\_\_

Employed ☐ Yes ☐ No Date of Employment \_\_\_\_\_

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

By \_\_\_\_\_  
NAME AND TITLE DATE