

Lincoln County Board of Commissioners

P.O. BOX 340
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H. WADE JOHNSON, Chairman
ROXANNE B. ASHMORE, County Clerk
BARRY FLEMING, County Attorney

DARRELL HENDERSON, District 1
LARRY COLLINS, District 2
COOPER CLIATT, District 3
ROB ROBINSON, District 4

APPLICATION FOR EMPLOYMENT

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

Position(s) Applied For _____ Date _____

Last Name _____ First Name _____ MI _____

Address _____
Street City State Zip

Home Telephone Number _____

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

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

On what date would you be available for work? _____

Are you available to work _____ Full time _____ Part time _____ Temporary

Have you been convicted of a felony within the last 7 years? Yes _____ No _____
If yes, explain _____

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EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job related military service assignments.

Employer _____ From _____ To _____

Address _____

Telephone _____ Job Title _____ Salary _____

Job Duties _____

Reasons for Leaving _____

Employer _____ From _____ To _____

Address _____

Telephone _____ Job Title _____ Salary _____

Job Duties _____

Reasons for Leaving _____

Employer _____ From _____ To _____

Address _____

Telephone _____ Job Title _____ Salary _____

Job Duties _____

Reasons for Leaving _____

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

EDUCATION

	Name and Address of School	Course of Study	Diploma/Degree
Elementary School			
High School			
College or Technical			
Other (Explain)			

Describe any specialized training and skills. _____

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. ____

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

REFERENCES

Name _____ Telephone _____

Address _____

Name _____ Telephone _____

Address _____

Name _____ Telephone _____

Address _____

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.

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 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.

Date

Signature of Applicant