

NEWTON COUNTY BOARD OF SUPERVISORS

Application for Employment

Applicants are considered 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. We are an equal opportunity employer.

(PLEASE PRINT CLEARLY)

Date of Application: _____

Position applied for: _____

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone number: _____ Cell number: _____

Have you filed an application here before? NO/YES Date: _____

Have you ever been employed here before? NO/YES Date: _____

Are you currently employed? NO/YES

May we contact your current or former employer NO/YES

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 with the last 7 years NO/YES

If Yes, explain:

Are you a veteran of the U.S. military service? NO/YES, Branch: _____

EMPLOYMENT EXPERIENCE

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

1. Employer: _____
Address: _____
Job Title: _____
Supervisor: _____ Phone: _____
Dates Employed: From _____ To _____
Salary: Starting _____ Ending: _____
Work Performed: _____
Reason for Leaving: _____

2. Employer: _____
Address: _____
Job Title: _____
Supervisor: _____ Phone: _____
Dates Employed: From _____ To _____
Salary: Starting _____ Ending: _____
Work Performed: _____
Reason for Leaving: _____

3. Employer: _____
Address: _____
Job Title: _____
Supervisor: _____ Phone: _____
Dates Employed: From _____ To _____
Salary: Starting _____ Ending: _____
Work Performed: _____
Reason for Leaving: _____

***If applying for a clerical position, list office equipment you can operate, computer programs you have experience with, and any other special skills you would like considered:

***If applying for a Road Crew or Solid Waste position, list construction equipment and or commercial trucks you can operate:

Driver's License Class: _____ Number: _____

List any accidents or moving violations on your record during the last 3 years:

EDUCATION

	Name of School	Course of Study	Years Completed	Diploma/Degree
High School		XXXXXXXXXX		
College				
Graduate/ Professional				
Specialized				

Give name, address and telephone numbers of three references that are not related to you and are not previous employers.

1. _____

2. _____

3. _____

AGREEMENT

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.

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 established in the Personnel Policies Handbook for Newton County.

Signature of Applicant

Date