

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

Employees of this organization are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the organization's elected officials. Each employee is expected to conduct him/herself in a manner that reflects favorably upon Liberty County and to recognize that he/she is subject to additional public scrutiny in his/her public and personal lives.

PLEASE PRINT IN INK							
NAME (As it appears on Social Security Card/Work Permit Card)	Last			First		M.I.	
SOCIAL SECURITY NUMBER							
ADDRESS							
CITY, STATE, ZIP							
HOME TELEPHONE	MESSAGE CONTACT Name Area Code Number						
DAYTIME TELEPHONE	ARE YOU AT LEAST 18 YEARS OLD? ☐ YES ☐ NO				OLD? SOLD? SOLD? SOLD?		
OTHER NAMES YOU HAVE USED:							
POSITION APPLIED FOR:				SALARY REQUIREMENTS: \$		\$	
REFERRED FOR THIS POSITION BY:				DATE AVAILABLE:			
HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION? Do Dyes WHEN? DEPARTMENT:							
SUPERVISOR: REASON FOR LEAVING:							
FELONY? A CONVICTION WILL NOT REQUIRES DRIV			VING A VEHICLE, PLEASE V			CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?	
□NO □YES If Yes, Give loca charge and dispo	I HAVE A VALID DRIVER'S LICENSE ☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO						



U.S. MILITARY SERVICE											
If you have served in the U.S. Military, please provide the following information:											
Branch of Service											
From: To:											
	Date	s Served						e of Discharge)		
				EDUCAT	ION / SK	ILLS					
EDUCATIONAL LEVEL	NAME		CI	TY STATE	CIRCLE YR: COMPLETE		UNITS COMPLETE	ED DEG	REE	N	1AJOR
HIGH SCHOOL					9 10 11 1	2					
COMMUNITY or					1 2						
JUNIOR COLL					1 2						
BUSINESS or TRADE SCHOOL					1 2						
					1 2 3	4					
COLLEGE or UNIVERSITY					1 2 3						
UNIVERSITY					1 2 3	4					
GRADUATE SCHOOL						_					
0011002											
			CO	MPUTER S	OFTWAR	RES	KILLS				
COMPUTER S	OFTWARE		Name of Software					Your Proficiency With the Software			
Word Processing					□ Sk	☐ Skilled ☐ Competent ☐ Familiar			Familiar		
Spreadsheet					☐ Sk	☐ Skilled ☐ Competent ☐ Familiar					
Database							☐ Sk	Skilled Competent			Familiar
Other	Other						□ Sk	☐ Skilled ☐ Competent ☐ Familiar			Familiar
LICENSES / CERTIFICATIONS / ORGANIZATIONS											
PROFESSIONAL LICENSES and CERTIFICATIONS (Job Related)		TYPES OF LICENSES and CERTIFICATES				REGIST	RATION IBER	TION STATE		EXPIRES MO / YR	
						1	1			Ī	
PROFESSIONAL, SCHOLASTIC and OTHER ORGANIZATIONS (Job Related)		nd NAME		ME		DATE		NAME		DATE	
Exclude memberships that indicate your race, religion, color,											
national origin, ancestry, sex, age, disability or veteran status											



JOB RELATED TRAINING						
NAME OF COURSE	YEAR COMPLETED	NAME OF	COURSE	YEAR COMPLETED		
	EMPLOYMEN ^T	T HISTO	DRY			
THIS PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEAR WORK HISTORY AND MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME						
LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK. BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS.						
FROM (Mo/Yr) TO (Mo/Yr) TOTA	L YRS	MOS.	YOUR POSITION			
EMPLOYER			YOUR SUPERVISOR			
ADDRESS			PHONE			
TYPE OF BUSINESS	REASON	FOR LEA	VING			
BASE SALARY /	ITHLY WEEKLY	HOURLY	OTHER COMPENSATION, BONUSE	S		
BRIEF DESCRIPTION OF YOUR DUTIES & RESPON	SIBLITIES					
FROM (Mo/Yr) TO (Mo/Yr) TOTA	L YRS	MOS.	YOUR POSITION			
EMPLOYER			YOUR SUPERVISOR			
ADDRESS			PHONE			
TYPE OF BUSINESS						
BASE SALARY/	ITHLY WEEKLY	HOURLY	OTHER COMPENSATION, BONUSE	S		
BRIEF DESCRIPTION OF YOUR DUTIES & RESPON						
FROM (Mo/Yr) TO (Mo/Yr) TOTA	L YRS	MOS.	YOUR POSITION			
EMPLOYER			YOUR SUPERVISOR			
ADDRESS			PHONE			
TYPE OF BUSINESS REASON FOR LEAVING						
BASE SALARY/	ITHLY WEEKLY	HOURLY	OTHER COMPENSATION, BONUSE	S		
BRIEF DESCRIPTION OF YOUR DUTIES & RESPON	SIBLITIES					
FROM (Mo/Yr) TO (Mo/Yr) TOTA	L YRS	MOS.	YOUR POSITION			
EMPLOYER			YOUR SUPERVISOR			
ADDRESS			PHONE			
TYPE OF BUSINESS REASON FOR LEAVING						
BASE SALARY/ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES						
BRIEF DESCRIPTION OF YOUR DUTIES & RESPON	SIBLITIES					

(ATTACH ADDITIONAL PAGE IF NECESSARY)



EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity. (ATTACH ADDITIONAL PAGE IF NECESSARY) **REFERENCES** NAME ___ NAME ADDRESS _____ ADDRESS _____ CITY,STATE,ZIP_____ CITY,STATE,ZIP_____ DAYTIME PHONE DAYTIME PHONE RELATIONSHIP ______(No Relatives) RELATIONSHIP _____ (No Relatives) NAME ___ NAME ___ ADDRESS ____ ADDRESS CITY,STATE,ZIP____ CITY,STATE,ZIP_____ DAYTIME PHONE _____ DAYTIME PHONE ____ RELATIONSHIP _____ RELATIONSHIP _____ (No Relatives) (No Relatives) **EMERGENCY CONTACT** _____ RELATIONSHIP _____ NAME _____ CITY, STATE, ZIP _____ ADDRESS ____ HOME PHONE_______BUSINESS PHONE ____ SIGNATURE OF APPLICANT_____DATE_____ PRINTED NAME OF APPLICANT_____



AUTHORIZATION AND AGREEMENT

I HEREBY AUTHORIZE YOU TO CONTACT:	MY PRESENT EMPLOYER(S): MY PAST EMPLOYERS:	☐ YES ☐ NO ☐ YES ☐ NO			
As part of our normal procedure in processing applications, a record offices and personal, school and employment referen qualifications, school and work records. You may be asked You will also be required to submit to pre-employment drug shelp make a fair employment decision. This information will applications. As part of this investigation, a check of criminal	ces may be contacted to verify and obtain to sign another form authorizing the release reacreening. Information gathered about your only be available to those participating in	n information concerning your background, ase of school records or to supply grade transcripts. our background and qualifications will be used to			
I hereby authorize the employer, its representatives, employed authorize the employer and its agents to verify all statements employment application. I agree to complete any requisite a any liability arising out of the gathering and use of such information employment and a photocopy is as effective as the original.	s contained in this application and any oth uthorizations forms. I release the employ	her materials I submit in connection with my yer, its agents and all providers of information from			
I understand all offers of employment are conditional upon so production of all documents necessary for the employer to ve Immigration and Naturalization Services.					
As an employer, this organization is subject to Section 504 of who believe they are covered by these Acts are invited to ide perform their jobs. Submission of this information is strictly versions.	entify their disabilities and special accomi	modations they feel are necessary to adequately			
I certify the information provided in this application is true and submitting false or misleading information on this application valid grounds for disqualification from further consideration for privileges. I further understand and agree that the employer	, my resume, during interviews or at any or hire or immediate dismissal from emplo	other time during the hiring process constitutes oyment and loss of all employee benefits and			
I understand and agree that if I am applying for a law enforce Officer Standards and Training Board (or equivalent agency) completing all those tests, including physical agility, to determ	required by the state. I further understa				
I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by the organization at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.					
DO NOT SIGN UNTIL YOU HAVE READ THE ABOV	E AUTHORIZATION AND AGREEI	MENT STATEMENTS.			
SIGNATURE OF APPLICANT		DATE			
PRINTED NAME OF APPLICANT					

FAIR CREDIT REPORTING ACT Disclosure and Authorization Statement

To: All Applicants For Employment (Please Read Carefully Before Signing Below)

In processing my application for employment, I understand the employer, its representatives, employees or agents may obtain a consumer report and investigative consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens, and information about my criminal conviction background consistent with state and federal law.

I understand that upon written request to the employer, I will be informed whether an investigative consumer report through a consumer reporting agency was requested and I will be given information as to the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or others with whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize this employer to obtain a consumer report and an investigative consumer report on me as part of the preemployment background and investigation process. If I am offered employment, I further authorize my employer to obtain additional consumer and investigative consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

Name (please print)	
Signature	Date Signed

(PLEASE RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)