

# Application For Employment

Burke County Board of Commissioners

PO Box 89 © Waynesboro, GA 30830 © 706-554-2324



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

*Position(s) Applied For*

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*Date of Application*

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**EQUAL OPPORTUNITY  
EMPLOYER  
DRUG-FREE WORK PLACE**

*Last Name*

*First Name*

*Middle Name*

*Address*

*City State Zip Code*

*Telephone Numbers*

*Telephone Numbers*

*E-Mail Address*

**Best Time To Contact You** \_\_\_\_\_ a.m./p.m.

**If you are under 18 years of age, can you provide required proof of your eligibility to work?**

Yes  No

**Have you ever been employed by us before?** Yes  No  *If Yes, give date* \_\_\_\_\_

**Supervisor's Name** \_\_\_\_\_

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

*If yes, state name, relationship and location* \_\_\_\_\_

**Are you currently employed?** Yes  No

**May we contact your current 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?\_\_\_\_\_

Can you travel if a job requires? Yes  No

Are you available to work?  FULL TIME  PART TIME (*morning or afternoon*)  TEMPORARY  
*Please indicate available dates*

**Education**

	Name & Address of School	Course of Study	Number of Years Completed	Diploma or Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (specify)				

**Work Experience**

**Start with your present or last job. Include any job-related military service assignments and volunteer activities. Please exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.**

<i>Employer</i>	<i>Dates Employed</i>		<i>Work Performed</i>
	<i>To:</i>	<i>From:</i>	
<i>Address</i>	<i>City</i>	<i>State &amp; Zip</i>	
<i>Telephone Number(s)</i>	<i>Hourly Rate/Salary</i>		
<i>Starting/Present Job Title</i>	<i>Starting:</i>		
	<i>Final:</i>		
<i>Supervisor</i>			
<i>Reason for leaving</i>	<i>May we contact?</i>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		

<b>Employer</b>	<b>Dates Employed</b> <i>To:</i> <i>From:</i>		<b>Work Performed</b>
<b>Address</b>	<b>City</b>	<b>State &amp; Zip</b>	
<b>Telephone Number(s)</b>	<b>Hourly Rate/Salary</b> <i>Starting:</i>		
<b>Starting/Present Job Title</b>	<i>Final:</i>		
<b>Supervisor</b>	[REDACTED]		
<b>Reason for leaving</b>	<b>May we contact?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		

<b>Employer</b>	<b>Dates Employed</b> <i>To:</i> <i>From:</i>		<b>Work Performed</b>
<b>Address</b>	<b>City</b>	<b>State &amp; Zip</b>	
<b>Telephone Number(s)</b>	<b>Hourly Rate/Salary</b> <i>Starting:</i>		
<b>Starting/Present Job Title</b>	<i>Final:</i>		
<b>Supervisor</b>	[REDACTED]		
<b>Reason for leaving</b>	<b>May we contact?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Comments: Include explanation of any gaps in employment.**

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

**List US Military, professional, trade, business or civic activities and offices held.**

*Please exclude membership which may reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:*

**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

**Personal/professional references** *Please do not include family members.*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

**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.**

**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. 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.**

_____ Signature of Applicant	_____ Date
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