

Ben Hill County

402 A East Pine Street, Fitzgerald, GA 31750
Telephone: 229-426-5100 **Fax:** 229-426-5630
www.benhillcounty.com

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION		DATE:	PHONE:
Name:	Date of Birth:	Social Security #	
Address:	City:	State:	Zip:
Are you at least 18 years old?	Yes_ No_	Are you legally eligible to work in the U.S.? Yes_ No_	
Are you currently employed?	Yes_ No_	May we contact your present employer? Yes_ No_	
EMPLOYMENT DESIRED			
Position applying for:		Desired Pay Rate:	
Have you ever worked or applied for a job in Ben Hill County? Yes_ No_			
If yes, when and for what department and/or position?			
Employment Desired:	<input type="checkbox"/> Part-Time Only <input type="checkbox"/> Full-Time Only <input type="checkbox"/> Part or Full-Time		
Are you available to work overtime in necessary? Yes_ No_		When are you available to start?	
EDUCATION			
	<u>Name & Location</u>	<u>Major/Minor</u>	<u>Did you Graduate?</u> <u>Diploma/Degree</u>
School			
Grammar			
High School			
Business/Trade/Other			
College			
GENERAL			
Special Training and/or Skills (Hand Tools/Machines Used):			
Activities (Civic, Athletic, etc.):			
U.S. Military/ Rank:			
EMPLOYMENT HISTORY (List your last three employers; start with your most recent first.)			

<u>Employment Date</u>	<u>Name/Location/Phone #</u>	<u>Supervisor</u>	<u>Position</u>	<u>Salary</u>	<u>Reason for Leaving</u>
To:					
From:					
To:					
From:					
To:					
From:					
REFERENCES (List three persons not related to you, whom you have known at least one year.)					
<u>Name</u>	<u>Address</u>	<u>Phone Number</u>	<u>Business Years Acquainted</u>		
1.					
2.					
3.					
EMERGENCY NOTIFICATION (In case of an emergency notify)					
Name:					
Address:					
Contact Number:					

DISCLAIMER

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion, and job status, without regard to race, color, religion, creed, sex, marital status, national origin, and age, physical or mental disability.

With my signature below, I understand and certify that the information provided in this application for employment is true, correct, and complete. If you employ me, any misstatement and/or omission of fact on this application may result in my dismissal.

I further understand and agree that acceptance of an offer of employment is contingent upon the verification of my Social Security Number and creates no obligation upon you, the employer, to continue to employ me in the future. In addition, I understand and agree that all employment is at-will and may be terminated at any time with or without cause and without prior notice.

Signature

Date

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS AREA

Interviewed By: _____ Date: _____ Hired: _____

Remarks: _____ Approved: _____

Department: _____ Position Hired For: _____ Date: _____

Start Date: _____ Salary/Wage: _____ EEO – 1 Code: _____