

GRADY COUNTY EMPLOYMENT APPLICATION

PERSONAL

Name _____
(Last) (First) (Middle)

Telephone _____

Address _____
(Street) (City) (State) (Zip Code)

OTHER EMPLOYMENT RELATED INFORMATION

Check the following options which you would consider: Full Time Part Time
 Temporary

List any relative working for this County: Name _____
Department _____

If Minor, Age _____

Can you after employment submit a birth certificate or other proof of U. S. Citizenship?
 Yes No

If not an U. S. Citizen, can you after employment submit verification of your legal right to work permanently in the U. S.?
 Yes No

Were you previously employed by this County? Yes No
Date (s) _____

Have you ever been convicted of a felony or been convicted of a misdemeanor resulting in imprisonment or a fine over \$500 during the last ten years? (Conviction will not necessarily disqualify an applicant.)
 Yes No

Do you have any physical limitations to perform the job applied for? If yes, explain the type of accommodation required.

Yes No

Accommodation _____

EDUCATION & TRAINING

		Yes or No
High School	Address	Graduated

College or University	Address	Major

Degree/Year

Trade School Completed ___Y ___N Year_____	Address	Subjects

Apprentice School Completed ___Y ___N Year_____	Address	Subjects

List any other education, training, special skills, or certificates/licenses that you possess related to this job:

List any machines or equipment that you are qualified and experienced at operating:

REFERENCES

List business persons known; but not related to you for at least three years:

Name	Title	Business	Phone	Years Known
1. _____				
2. _____				
3. _____				

EXPERIENCE

List the last 10 years work experience beginning with most recent

Name of Employer		Type of Business		
<hr/>				
Address	City	State	Zip	Phone
<hr/>				
Dates Employed		Starting Title	Last Title	
<hr/>				
From	To			
		Yes or No	Full or Part Time	
Name and Title of Supervisor:		May we Contact?	Employment	
<hr/>				
Reason for Leaving				
<hr/>				
Brief Description of Duties				
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Name of Employer Type of Business

Address City State Zip Phone

Dates Employed Starting Title Last Title

From To

Name and Title of Supervisor: Yes or No Full or Part Time
May we Contact? Employment

Reason for Leaving

Brief Description of Duties _____

Drivers
Do you have a valid driver's license in this state? Yes No
If yes, license no.: _____

List license type: _____

List any moving violation during the last five (5) years on back page.

Position Applying For:
 Truck Driver
 Mechanic
 Equipment Operator
 Courthouse Deputy
 Sheriff's Deputy
 Clerk Typist
 Other (Be Specific) _____

APPLICANT'S CERTIFICATION

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false information contained in this application may result in my discharge.

I authorize you to communicate with all my former employers, school officials and persons named as references. I hereby release all employers, schools, and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand that as this County deems necessary, I may be required to work overtime hours or hours outside a normally defined work day or work week. If employed, I understand and agree that such employment may be terminated at any time, for any reason not prohibited by and without any liability to me for any continuation of salary, wages, or employment related benefits (not required by law).

Date _____

Signature _____

The filling out and returning of this application to the County does not guarantee employment and does not constitute an offer of employment.