



# 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?		<input type="checkbox"/> YES		<input type="checkbox"/> NO							
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? <input type="checkbox"/> NO <input type="checkbox"/> YES										WHEN?		DEPARTMENT:	
SUPERVISOR:				REASON FOR LEAVING:									
HAVE YOU EVER BEEN CONVICTED OF A FELONY? A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, Give location, date, charge and disposition of case(s) on a separate page				IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION:  I HAVE A VALID DRIVER'S LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO D.L.#				CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?  <input type="checkbox"/> YES <input type="checkbox"/> NO					
				STATE									



# LIBERTY COUNTY

## U.S. MILITARY SERVICE

If you have served in the U.S. Military, please provide the following information:

Branch of Service \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Dates Served \_\_\_\_\_ Type of Discharge \_\_\_\_\_

## EDUCATION / SKILLS

EDUCATIONAL LEVEL	NAME	CITY	STATE	CIRCLE YRS. COMPLETED	UNITS COMPLETED	DEGREE	MAJOR
HIGH SCHOOL				9 10 11 12			
COMMUNITY or JUNIOR COLL				1 2			
				1 2			
BUSINESS or TRADE SCHOOL				1 2			
COLLEGE or UNIVERSITY				1 2 3 4			
				1 2 3 4			
				1 2 3 4			
GRADUATE SCHOOL							

## COMPUTER SOFTWARE SKILLS

COMPUTER SOFTWARE	Name of Software	Your Proficiency With the Software		
Word Processing		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar
Spreadsheet		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar
Database		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar
Other		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar

## LICENSES / CERTIFICATIONS / ORGANIZATIONS

PROFESSIONAL LICENSES and CERTIFICATIONS (Job Related)	TYPES OF LICENSES and CERTIFICATES	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO / YR

  

PROFESSIONAL, SCHOLASTIC and OTHER ORGANIZATIONS (Job Related)	NAME	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

## EMPLOYMENT HISTORY

**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.

<p>FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____</p> <p>EMPLOYER _____ YOUR SUPERVISOR _____</p> <p>ADDRESS _____ PHONE _____</p> <p>TYPE OF BUSINESS _____ REASON FOR LEAVING _____</p> <p>BASE SALARY _____ / _____ <input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> HOURLY OTHER COMPENSATION, BONUSES _____</p> <p>BRIEF DESCRIPTION OF YOUR DUTIES &amp; RESPONSIBILITIES _____</p>
<p>FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____</p> <p>EMPLOYER _____ YOUR SUPERVISOR _____</p> <p>ADDRESS _____ PHONE _____</p> <p>TYPE OF BUSINESS _____ REASON FOR LEAVING _____</p> <p>BASE SALARY _____ / _____ <input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> HOURLY OTHER COMPENSATION, BONUSES _____</p> <p>BRIEF DESCRIPTION OF YOUR DUTIES &amp; RESPONSIBILITIES _____</p>
<p>FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____</p> <p>EMPLOYER _____ YOUR SUPERVISOR _____</p> <p>ADDRESS _____ PHONE _____</p> <p>TYPE OF BUSINESS _____ REASON FOR LEAVING _____</p> <p>BASE SALARY _____ / _____ <input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> HOURLY OTHER COMPENSATION, BONUSES _____</p> <p>BRIEF DESCRIPTION OF YOUR DUTIES &amp; RESPONSIBILITIES _____</p>
<p>FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____</p> <p>EMPLOYER _____ YOUR SUPERVISOR _____</p> <p>ADDRESS _____ PHONE _____</p> <p>TYPE OF BUSINESS _____ REASON FOR LEAVING _____</p> <p>BASE SALARY _____ / _____ <input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> HOURLY OTHER COMPENSATION, BONUSES _____</p> <p>BRIEF DESCRIPTION OF YOUR DUTIES &amp; RESPONSIBILITIES _____</p>

(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 \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
DAYTIME PHONE \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_  
(No Relatives)

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
DAYTIME PHONE \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_  
(No Relatives)

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
DAYTIME PHONE \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_  
(No Relatives)

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
DAYTIME PHONE \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_  
(No Relatives)

## EMERGENCY CONTACT

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_  
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):  YES  NO  
MY PAST EMPLOYERS:  YES  NO**

As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background. Former employers, school record offices and personal, school and employment references may be contacted to verify and obtain information concerning your background, qualifications, school and work records. You may be asked to sign another form authorizing the release of school records or to supply grade transcripts. Information gathered about your background and qualifications will be used to help make a fair employment decision. This information will only be available to those participating in this decision or those who process employment applications. As part of this investigation, a check of criminal records may also be conducted.

I hereby authorize the employer, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize the employer and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorizations forms. I release the employer, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production of all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

As an employer, this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the Human Resources Manager.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.

I understand and agree that if I am applying for a law enforcement or jail position, I will be required to comply with all the requirements of the Peace Officer Standards and Training Board (or equivalent agency) required by the state. I further understand that any offer of employment is conditioned upon completing all those tests, including physical agility, to determine my fitness for this position.

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 ABOVE AUTHORIZATION AND AGREEMENT 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.

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Name *(please print)*

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Signature

Date Signed

***(PLEASE RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)***