



# 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.# STATE		CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?  <input type="checkbox"/> YES <input type="checkbox"/> NO			



# 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>
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<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 \_\_\_\_\_



**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)***