



COFFEE COUNTY GOVERNMENT
EMPLOYMENT APPLICATION

Coffee County Government is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

APPLICATION DATE: _____

PERSONAL:

Name _____
Last First MI

Address _____
Number & Street City State Zip

Are you over 18 years old? _____

Are you legally eligible for employment in the United States? _____

(If offered employment, you will be required to provide documentation to verify eligibility.)

Phone Number: (Home) _____ (Cell) _____

Position Sought: _____ Full time or Part time: _____

Date Available: _____ Salary Desired: _____

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: No. of Years Completed (circle one) 1 2 3 4

Diploma: _____ Yes _____ No

GED: _____ Yes _____ No

Schools: _____

City and State: _____

College and/Or Vocational: No. of Years Completed (circle one) 1 2 3 4

Schools: _____

City and State: _____

Major: _____

Other Training or Degrees:

Schools: _____

City and State: _____

Course: _____ Degree or Certificate Earned: _____

SKILLS:

Office: Data Entry _____ Excel _____

Typewriter _____ WPM _____ Lotus 1,2,3 _____ CRT _____

Word Processing _____ Word Perfect _____ MS Word _____

Other Software Skills: _____

Have you ever been employed in any facility of Coffee County Government?

(YES) _____ (NO) _____

If yes, please state facility name and location and dates of employment.

RECORD OF CONVICTION:

During the last ten years, have you ever been convicted of a crime other than minor traffic offense? (YES) _____ (NO) _____

If yes, explain: _____

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)

EMPLOYMENT:

List last employer first, including U.S. Military Service.

May we contact your present employer? (YES) _____ (NO) _____

If any employment was under a different name, indicate name: _____

(1)EMPLOYER _____ Address _____

Telephone _____ Position Held _____

Date of employment: From _____ To _____

Salary _____ Supervisor _____

Department _____ Duties _____

FT/PT _____ Hours per week _____

Reason for Leaving _____

(2) EMPLOYER _____ Address _____

Telephone _____ Position Held _____

Date of employment: From _____ To _____

Salary _____ Supervisor _____

Department _____ Duties _____

FT/PT _____ Hours per week _____

Reason for Leaving _____

(3) EMPLOYER _____ Address _____

Telephone _____ Position Held _____

Date of employment: From _____ To _____

Salary _____ Supervisor _____

Department _____ Duties _____

FT/PT _____ Hours per week _____

Reason for Leaving _____

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history:

Have you ever been discharged or asked to resign from a job? Yes _____ No _____

If yes, please explain.

REFERENCES:

Professional

Personal

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Coffee County Government to verify their accuracy and to obtain reference information on my work performance. I hereby release Coffee County Government from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant: _____

Date: _____

This employment application will be on file for six months from the application date. Any consideration for employment after the six month period expires requires a new application.