

**Application for Employment
With
Hart County Fiscal Court**

We consider applicants for all positions without regard to race, color religion sex, national origin, age, marital or veteran status, the presence of a not-job-related medical condition or disability, or any other legally protected status.

Date of Application _____

Position(s) applied for _____

Name _____
Last First Middle

Address _____
Street Number City State Zip Code

Telephone # _____ Cell # _____ SS# _____

Date of Birth _____

Have you ever filed an application with Hart County Fiscal Court? Yes No

If Yes, give date and position applied for: _____

Have you ever been employed by Hart County Fiscal Court? Yes No

If, Yes give dates of employment and position: _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
(Proof of citizenship or immigration status will be required upon employment) Yes No

On what dates would you be available for work? Full time Yes No Dates _____

Part time Yes No Dates _____ Temporary Yes No Dates _____

Are you on a lay off and subjected to recall? Yes No If yes, explain _____

Can you travel if the job requires it? Yes No (proof of valid drivers license and insurance will be required upon employment)

Drivers license number _____ State _____

Do you have a CDL license? Yes No

Have you ever been convicted of a felony? Yes No
(Conviction will not necessarily disqualify applicants from employment) If Yes, explain _____

Are you a veteran of the United States Military Service? Yes No

If yes, what branch _____

Rank when discharged _____ Honorable discharge? Yes No

If no, explain _____

List professional, trade, business or civic activities and offices held (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status):

Give name, address and telephone number of three references who are not related to you and are not previous employers:

1. _____
 2. _____
 3. _____
-
-

Education

Elementary School: _____

High School: _____

Years completed/ Degree: _____

College/University: _____

Years completed/Degree: _____

Describe Course of Study: _____

Describe specialized training, apprenticeship, skills and extra-curricular activities:

Honors received (State any additional information you feel may be helpful to us in considering your application):

Employment Experience

Start with your present or last job. Include Military service assignment and volunteer activities. You may exclude organization names with indicates race, sex, religion national origin, disability or other protected status.

1.	Employer:	Dates Employed	Work Performed
	Telephone Number:	From:	
	Address:	To:	
	Job Title:	Hourly/Salary Rate	
	Supervisor:	Starting:	
	Reason For Leaving:	Final:	

2.	Employer:	Dates Employed	Work Performed
	Telephone Number:	From:	
	Address:	To:	
	Job Title:	Hourly/Salary Rate	
	Supervisor:	Starting:	
	Reason For Leaving:	Final:	

3.	Employer:	Dates Employed	Work Performed
	Telephone Number:	From:	
	Address:	To:	
	Job Title:	Hourly/Salary Rate	
	Supervisor:	Starting:	
	Reason For Leaving:	Final:	

Employment Experience Continued:

4.	Employer:	Dates Employed	Work Performed
	Telephone Number:	From:	
	Address:	To:	
	Job Title:	Hourly/Salary Rate	
	Supervisor:	Starting:	
	Reason For Leaving:	Final:	

5.	Employer:	Dates Employed	Work Performed
	Telephone Number:	From:	
	Address:	To:	
	Job Title:	Hourly/Salary Rate	
	Supervisor:	Starting:	
	Reason For Leaving:	Final:	

6.	Employer:	Dates Employed	Work Performed
	Telephone Number:	From:	
	Address:	To:	
	Job Title:	Hourly/Salary Rate	
	Supervisor:	Starting:	
	Reason For Leaving:	Final:	

Special employment notice to disabled veterans, Vietnam Era veterans and individuals with physical or mental handicaps:

Government contractors are subject to 38 USC 2012 of the Viet Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Sections 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individual.

If you are a disabled veteran or have a physical or mental handicap you are invited to volunteer this information, which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below:

- Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signature: _____

Permission Statement

I hereby give authorization to Hart County Fiscal Court to check my criminal history for purpose of employment.

Signature of Applicant

Date

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may resulting in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Applicant Data Record

Applicants are considered for all positions without regard to race, religion, sex age, national origin, marital or veteran status, medical condition/handicap or any other legally protected status.

As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities were they apply.

Solely to keep us comply with the government record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Applicants for Employment. **YOUR COOPERATION IS STRICTLY VOLUNTARY.**

(Please Print)

Date _____

Position(s) applied for _____

Referral source: Advertisement Friend
 Relative Walk-in
 Employment Agency Other _____

Name _____ Phone _____
 Last First Middle

Address _____
 Street Number City State Zip Code

Voluntary Survey

Government agencies, at times, require periodic reports on the sex, ethnicity, handicapped, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only.

SUBMISSION OF INFORMATION IS VOLUNTARY

Check One: Male Female

Race/Ethnic Group: White Black American Indian/Alaskan Native
 Hispanic Asian/Pacific Islander
