

# Lincoln County Board of Commissioners

P.O. BOX 340  
LINCOLNTON, GEORGIA 30817  
TELEPHONE: 706-359-4444  
FAX: 706-359-4729

## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regards to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) Applied For \_\_\_\_\_ Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell Number \_\_\_\_\_ Email Address \_\_\_\_\_

If you are under 18 years of age, can you provide required of you eligibility to work? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been employed with us before? If yes, give date \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently employed? 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? Yes \_\_\_\_\_ No \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Are you available to work \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_ Temporary \_\_\_\_\_

Have you ever tested positive on a DOT pre-employment test within the past two years for a safety-sensitive position for which you were not hired? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of a felony within the last 7 years? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain \_\_\_\_\_

\_\_\_\_\_

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## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job related military service assignments.

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Job Title \_\_\_\_\_ Salary \_\_\_\_\_

Job Duties \_\_\_\_\_

\_\_\_\_\_

Reasons for Leaving \_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Job Title \_\_\_\_\_ Salary \_\_\_\_\_

Job Duties \_\_\_\_\_

\_\_\_\_\_

Reasons for Leaving \_\_\_\_\_

\_\_\_\_\_

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Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Job Title \_\_\_\_\_ Salary \_\_\_\_\_

Job Duties \_\_\_\_\_

\_\_\_\_\_

Reasons for Leaving \_\_\_\_\_

\_\_\_\_\_

If you need additional space, please continue on a separate sheet of paper.

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**EDUCATION**

	Name and Address of School	Course of Study	Diploma/Degree
Elementary School			
High School			
College or Technical			
Other (Explain)			

Describe any specialized training and skills. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any job-related training received in the United States military \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL INFORMATION**

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience. \_\_\_\_

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State any additional information you feel may be helpful to us in considering your application. \_\_\_\_\_

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**REFERENCES**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

**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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

***Lincoln County is a Drug-Free Workplace.***