

DATE: ___ / ___ / ___

KIND OF POSITION (JOB) YOU DESIRE		MINIMUM PAY YOU WILL ACCEPT		WHEN WILL YOU BE AVAILABLE					
		PAY \$ PER							
NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NUMBER		HOME TELEPHONE					
				AREA CODE					
NUMBER & STREET, R.D. OR POST OFFICE BOX NUMBER		WILL YOU ACCEPT: YES NO TEMPORARY WORK <input type="checkbox"/> <input type="checkbox"/> PART-TIME WORK <input type="checkbox"/> <input type="checkbox"/>		BUSINESS TELEPHONE					
CITY, STATE AND ZIP				AREA CODE					
WHAT TYPE OF DRIVER'S LICENSE DO YOU HAVE? (CHECK AS MANY AS APPLY) <input type="checkbox"/> OPERATORS <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> DO NOT HAVE A LICENSE		LICENSE NUMBER	STATE	EXPIRATION DATE					
				/ /					
HIGH SCHOOL GRADUATE OR GED? YES <input type="checkbox"/> NO <input type="checkbox"/>	NAMES OF SCHOOLS ATTENDED	CITY	STATE	COURSE OR MAJOR STUDIED	CREDITS COMPLETED		DEGREE OR CERTIFICATE RECEIVED		
					SEM.HRS.	QTR.HRS.	NONE	TYPE	YEAR
YEAR	HIGH SCHOOL								
	COLLEGE								
	OTHER								
OTHER TRAINING YOU RECEIVED (FOR EXAMPLE, SPECIAL COURSES, WORK TRAINING PROGRAMS, ARMED FORCES TRAINING), PLEASE ESTIMATE THE NUMBER OF HOURS OF TRAINING YOU RECEIVED. _____									
SPECIAL QUALIFICATIONS AND SKILLS (LICENSES; SKILLS WITH MACHINES; PATENTS OR INVENTIONS; PUBLICATIONS- DO NOT SUBMIT COPIES UNLESS REQUESTED, PUBLIC SPEAKING; MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES; TYPING OR SHORT HAND SPEED; ETC.) _____									
PLEASE LIST THREE REFERENCES OTHER THAN RELATIVES OR FORMER EMPLOYERS									
NAME		OCCUPATION		ADDRESS		PHONE		YEARS KNOWN	

EXPERIENCE Start with your present or last job and work back. Include paid or unpaid, full or part-time, summer jobs, etc. If additional space is needed, use a plain piece of paper and attach to last page of application.
 May we check with your present supervisor? YES NO

NOTE We may contact any previous supervisor to verify your description of past duties.

STARTING DATE	ENDING DATE	NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER	
STARTING SALARY	ENDING SALARY	HOURS PER WEEK	NAME, TITLE, AND PHONE NUMBER (IF KNOWN) OF YOUR IMMEDIATE SUPERVISOR
REASONS FOR LEAVING			POSITION HELD

DESCRIPTION OF DUTIES AND RESPONSIBILITIES _____

STARTING DATE	ENDING DATE	NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER	
STARTING SALARY	ENDING SALARY	HOURS PER WEEK	NAME, TITLE, AND PHONE NUMBER (IF KNOWN) OF YOUR IMMEDIATE SUPERVISOR
REASONS FOR LEAVING			POSITION HELD

DESCRIPTION OF DUTIES AND RESPONSIBILITIES _____

STARTING DATE	ENDING DATE	NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER	
STARTING SALARY	ENDING SALARY	HOURS PER WEEK	NAME, TITLE, AND PHONE NUMBER (IF KNOWN) OF YOUR IMMEDIATE SUPERVISOR
REASONS FOR LEAVING			POSITION HELD

DESCRIPTION OF DUTIES AND RESPONSIBILITIES _____

	YES	NO
Are you legally eligible for employment within the United States.....	<input type="checkbox"/>	<input type="checkbox"/>
Are you eighteen (18) years of age or older?.....	<input type="checkbox"/>	<input type="checkbox"/>
Can you work a full work schedule each week and on a regular, year round basis?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted (or found not innocent) of any criminal offense?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, give full details of incident – location, etc, in space below.		
Have you ever been convicted (or found not innocent) of any traffic offense?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain in space below.		
Have you ever had a surety bond cancelled or refused, or an application for bond refused?.....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain in space below.		
Have you ever been dismissed or asked to resign from any position you have had?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain in space below.		
Details for above answers: _____		

Have you ever worked under another name? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If YES, what name or names: _____		
Have you ever worked or made application for employment with the County of Augusta under this or any name? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please answer the following:		
NAME USED: _____	POSITION HELD OR APPLIED FOR: _____	DATES WORKED (IF APPLICABLE) _____
Have you ever served in the U.S. Armed Services? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes: Dates _____		
Branch: _____ Type of Discharge _____ Place of Separation _____		
Duties and special training: _____		

DRUG AND ALCOHOL TESTING POLICY

It is the policy of the County of Augusta to provide a drug and alcohol free workplace for the health and safety of our employees and citizens. An applicant for a position designated safety sensitive (law enforcement, firefighters, drivers, mechanical, maintenance, recreation, general labor) may be subject to substance screening prior to hiring. Refusal to consent, participate in or testing positive will automatically disqualify the applicant from further consideration.

CRIMINAL RECORD INVESTIGATION

Provisions of the Code of Federal Regulations provide the County of Augusta access to checking the criminal history records of the Federal Bureau of Investigation. Applicants for certain designated positions of public trust may be required to be fingerprinted for obtaining records which will be used solely for employment decisions.

**PLEASE READ CAREFULLY
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 I have not omitted any information. I understand that if employed, falsified statements on this application or omission of information may result in my immediate dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigation or credit agencies or bureaus of your choice. I give my consent, if required, for Drug and Alcohol Abuse testing and fingerprinting for criminal record investigation and use of the results in determining employment with the County. I understand that I can terminate my employment with or without cause and with or without notice at any time and that the County has the same right.

SIGNATURE OF APPLICANT _____