



Ware County Employment Application

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

(PLEASE PRINT)

Date _____

This form must be completed in full, Incomplete Applications WILL NOT be considered. List below
Position(s) applying for:

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP

Telephone _____ Social Security Number _____
Area Code Home Business

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

Were you previously employed by Ware County? Yes No If yes, give date _____

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

Are you a U.S. citizen? Yes No Authorized Alien Yes No

NOTE: If offered employment you will be required to provide documentation to verify employment eligibility within three days of employment.

Date you would be available for work _____

Available to work Full Time Part Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

Have you been **convicted** of a felony within the last 7 years? Yes No

If Yes, please explain _____

Veteran of the U.S. military service? Yes No If yes, Branch _____

Please attach copy of DD214.

An Equal Opportunity Employer



Do you have a valid driver license? No _____ Yes _____	Which State?	Drivers License #	Expiration Date
--	--------------	-------------------	-----------------

What class license? _____

Have you had any traffic violations in the past three years? ... _____

Please indicate type of offense and dates: _____

List professional, trade, business, or civic activities and offices held.
 You may (Exclude those which indicate race, color, religion, sex or national origin, handicap, or other protected status).

REFERENCES:

Give name, address and telephone number of three references who are not related to you and are not previous employers which we have permission to contact.

1. _____

2. _____

3. _____

Education (Please attach copy of Diploma, Certificate, other Document)

	Elementary	High School	College/University	Graduate/Professional
Name of School				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of study				
List: Specialized Training Apprenticeship, Skills				
Honors received				

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
2	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
3	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
4	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			

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

Special Skills and Qualifications

Summarize special skills and qualifications

acquired from employment or other experience _____

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Disabilities.

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified and disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled individuals.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accomodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

Disabled Individual Disabled Veteran Vietnam Era Veteran

If you wish to be identified, or if you have a suggested reasonable accomodation, please sign below.

Signed _____

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

AGREEMENT

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

I understand that satisfactory completion of a physical examination is required for employment and also a pre-employment drug screening administered by Ware County authorized medical personnel. I consent to routine drug screening relating to my employment with Ware County.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment.

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

Signature of Applicant

Date _____

**BOARD OF COMMISSIONERS
WARE COUNTY
P.O. BOX 1069
WAYCROSS, GEORGIA 31502-1069**

Ware County of Progress

Ware County Employment Data Record

Persons applying for jobs are considered for all positions open and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, disability or any other legally protected status.

As an employer, we comply with government regulations and affirmative action responsibilities.

Information for periodic government reporting will be kept in a Confidential File separate from the Application Form for Employment.

(PLEASE PRINT)

Date _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Family Walk-In T.V.
 Employment Agency Other _____

PRE-EMPLOYMENT APPLICATION FLOW DATA

Social Security Number _____

Information on sex, race, and ethnic background is collected for record keeping and compliance with Federal laws. Your answers are **Completely Voluntary** and will only be used for statistical reporting purposes. Your voluntary reply will in no way affect your consideration for this or future chances of employment with Ware County Government.

Upon receipt of your application, this information will be removed and kept **Separately** from the application files - IT WILL NOT BE USED AS BASIS FOR MAKING EMPLOYMENT DECISIONS. If you choose not to provide the information, a negative response is encouraged (Item 2) and return this form with your application. Negative replies will be handled in the same manner explained above.

1. Name: _____
(last) (First) (Mi)

2. _____ I choose not to provide the information requested below.

3. Race: (Check One)

- _____ American Indian or Alaskan Native
- _____ Asian or Pacific Islander
- _____ White (Not of Hispanic Origin)
- _____ Black (Not of Hispanic Origin)
- _____ Hispanic
- _____ Other (Please specify): _____

4. Sex: (Check One)

- _____ Female
- _____ Male

Age Group: _____ 17 or younger
_____ 18 to 39
_____ 40 or older