

# APPLICATION FOR EMPLOYMENT

Please Print



## Office of the Clerk of Courts

100 South Main St., Suite 1200, Hinesville, GA 31313

Phone: (912) 876-3625 / Fax: (912) 369-5463

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application or interview process should notify a representative of the Office of the Clerk of Courts.

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street or P.O. Box City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Referral Source: (Please check the appropriate category and name the source.)

<input type="checkbox"/>	Walk-in	
<input type="checkbox"/>	Employee	
<input type="checkbox"/>	Advertisement	
<input type="checkbox"/>	County's Website	
<input type="checkbox"/>	Other Internet	

If necessary, best time to call you at home is: \_\_\_\_:\_\_\_\_ AM/PM May we call you at work? Yes\_\_\_\_ No\_\_\_\_

If YES, work number and best time to call:

(\_\_\_\_) \_\_\_\_\_:\_\_\_\_ AM/PM

If you are under 18, can you furnish a work permit?

Yes\_\_\_\_ No\_\_\_\_ If

NO, please explain:

Have you submitted an application here before?

Yes\_\_\_\_ No\_\_\_\_ If

YES, give date(s) and position(s):

Have you ever been employed here before? Yes\_\_\_\_ No\_\_\_\_

If YES, give dates: FROM \_\_\_\_/\_\_\_\_/\_\_\_\_

TO \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you eligible for employment in this country? Yes\_\_\_\_ No\_\_\_\_

<input type="checkbox"/>	School	
<input type="checkbox"/>	Job Fair	
<input type="checkbox"/>	Staffing Agency	
<input type="checkbox"/>	Government Employment Agency	
<input type="checkbox"/>	Other	

Date you are available for work: \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired salary range or hourly rate of pay?

\$ \_\_\_\_\_ per \_\_\_\_\_

Type of employment desired: Full-Time\_\_\_\_ Part-Time\_\_\_\_

Seasonal\_\_\_\_ Temporary\_\_\_\_

Will you relocate if the job requires it? Yes\_\_\_\_ No\_\_\_\_

Will you travel if the job requires it? Yes\_\_\_\_ No\_\_\_\_

If they have been explained to you, are you able to meet the attendance requirements of the position?

Yes\_\_\_\_ No\_\_\_\_

Will you work overtime if required? Yes\_\_\_\_ No\_\_\_\_

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If NO, please explain: \_\_\_\_\_

DL #: \_\_\_\_\_ State: \_\_\_\_\_

Driver's license number required if driving may be required in the job for which you are applying:

Is this a commercial driver's license (CDL)? Yes \_\_\_ No \_\_\_

Have you ever been bonded (insured)? Yes \_\_\_ No \_\_\_

Employment History

Starting with your most recent employer, provide the following information:

Employer	Telephone # (     )                      _____	Dates Employed: FROM     /     /                      TO     /     /                      _____	
Starting Job Title / Final Job Title		Compensation (STARTING) Hourly     Salary     _____	\$                      per                      _____
Street Address	City	State	Commission/Bonus/Other Compensation \$
Immediate supervisor and title (for most recent job held)		Compensation (FINAL) Hourly     Salary     _____	\$                      per                      _____
May we contact for reference?     Yes     No     Later     _____			Commission/Bonus/Other Compensation \$
Reason for leaving:			
Summarize the type of work performed and job responsibilities:			
What did you like most about your position?			
What were the things you liked least about the position?			
Employer	Telephone # (     )                      _____	Dates Employed: FROM     /     /                      TO     /     /                      _____	
Starting Job Title / Final Job Title		Compensation (STARTING) Hourly     Salary     _____	\$                      per                      _____
Street Address	City	State	Commission/Bonus/Other Compensation \$
Immediate supervisor and title (for most recent job held)		Compensation (FINAL) Hourly     Salary     _____	\$                      per                      _____
May we contact for reference?     Yes     No     Later     _____			Commission/Bonus/Other Compensation \$
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Employer	Telephone # (     )                      _____	Dates Employed: FROM     /     /                      TO     /     /                      _____	
Starting Job Title / Final Job Title		Compensation (STARTING) Hourly     Salary     _____	\$                      per                      _____
Street Address	City	State	Commission/Bonus/Other Compensation \$

Immediate supervisor and title (for most recent job held)	Compensation (FINAL) Hourly ____ Salary ____	\$ _____ per _____
May we contact for reference? Yes ____ No ____ Later ____	Commission/Bonus/Other Compensation \$	
Reason for leaving:		
Summarize the type of work performed and job responsibilities:		
What did you like most about your position?		
What were the things you liked least about the position?		

### Employment History (continued)

Employer	Telephone # (____) _____	Dates Employed: FROM ____ / ____ / ____	TO ____ / ____ / ____
Starting Job Title / Final Job Title	Compensation (STARTING) Hourly ____ Salary ____		\$ _____ per _____
Street Address	City	State	Commission/Bonus/Other Compensation \$
Immediate supervisor and title (for most recent job held)	Compensation (FINAL) Hourly ____ Salary ____	\$ _____ per _____	
May we contact for reference? Yes ____ No ____ Later ____	Commission/Bonus/Other Compensation \$		
Reason for leaving:			
Summarize the type of work performed and job responsibilities:			
What did you like most about your position?			
What were the things you liked least about the position?			

Explain any gaps in your employment, other than those due to personal illness, injury or disability. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes \_\_\_\_ No \_\_\_\_ If YES, please

explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills: *(Please check appropriate boxes. Include software titles and years of experience.)*

	Word Processing:		# Years:	
	Spreadsheet:		# Years:	
	Presentation:		# Years:	
	Email:		# Years:	
	Internet:		# Years:	
	Other:		# Years:	
	Other:		# Years:	
	Other:		# Years:	

## Educational Background

Starting with your most recent school attended, provide the following information:

School (include city and state)	Years Completed	Level Completed	GPA Class Rank	Major / Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		

## References

List the name and telephone number of three (3) business/work references that are not related to you and are not previous supervisors. If not applicable, list three (3) school or personal references that are not related to you.

Name	Title	Relationship to You	Telephone	# Years Known


**Related Information**

To what job-related organizations (professional, trade, etc.) do you belong?  
 Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veterans/reserve National Guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.  
 Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veterans/reserve National Guard or any other similarly protected status.

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## Related Information (continued)

In your current or prior job, have you ever written instructions or directions to be followed by employees or customers? Yes \_\_\_\_ No \_\_\_\_ Not

Applicable \_\_\_\_ If YES, please explain:

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Is there any other job-related information you want us to know about you? \_\_\_\_\_

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Do you have relatives (\*immediate family) currently employed with Liberty County or \*immediate family members that are elected officials? If so, please list the name(s) in the space provided:

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*\*Immediate family is defined as spouse, child, grandchild, parent, grandparent, brother, sister, mother-in-law and father-in-law, or any person who resides in the employee's household and who is recognized by law as a dependent of a county employee.*

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purposes of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that if any information provided by me that is found to be false, incomplete or misrepresented in any respect, it will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in the immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## EQUAL EMPLOYMENT OPPORTUNITY DATA

### IMPORTANT ALL APPLICANTS PLEASE READ:

Employees are treated during employment without regard to race, color, religion, creed, sex, national origin, age, marital or veteran status, disability or other legally protected status.

As an employer with an Equal Employment Opportunity program, Liberty County complies with governmental regulations, including Equal Opportunity responsibilities where they apply.

The purpose of this Data Record is to comply with governmental record keeping, reporting and other legal requirements. Periodic Reports are made to the government on the following information. The completion of the Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a confidential file and are not part of your Application for Employment or personnel file.

**PLEASE NOTE:** Your cooperation is voluntary. Inclusion or exclusion of any data will not affect any employment decision.

### **VOLUNTARY SURVEY** (Please Print)

Date: \_\_\_\_\_

Government agencies require periodic reports on the sex, ethnicity, veteran and other protected status of employees. The data is for statistical analysis with respect to the success of the Equal Employment Opportunity program. Submission of this information is voluntary.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Applied For: \_\_\_\_\_

#### CHECK ONE:

- ☐ Male  
☐ Female

#### CHECK ONE of the following (Ethnic Origin):

- ☐ White  
☐ Black or African American

- 
- ☐ Asian or Pacific Islander
  - ☐ American Indian or Alaskan Native
  - ☐ Hispanic or Latino (All Races)
    - ☐ Hispanic or Latino (White Only)
    - ☐ Hispanic or Latino (Other Races)

CHECK if any of the following apply:

- ☐ Qualified Covered Veteran
- ☐ Newly Separated Veteran (discharge within past 3 years)