

# *County of Upson*

## **APPLICATION FOR EMPLOYMENT**



**106 East Lee Street  
Suite 110  
Thomaston, GA 30286  
706-647-7012**

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Last Name

First Name

Middle Initial

(Please Print)

Primary Job Classification(s) sought: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Last First Middle

First

Middle

Address \_\_\_\_\_

Number Street

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zipcode** \_\_\_\_\_

Social Security Number \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

Date of Application \_\_\_\_\_ Work Telephone Number \_\_\_\_\_

Have you filed an application here before? ( ) Yes ( ) No      If Yes, When? \_\_\_\_\_

Have you ever been employed here before? ( ) Yes ( ) No If Yes, When? \_\_\_\_\_

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? ( ) Yes ( ) No

(Proof of citizenship or immigration status may be required upon employment)

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

Are you available to work (  ) Full Time (  ) Part-time (  ) Shift (  ) Temporary

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

Can you travel if the job requires it? ( ) Yes ( ) No

Have you been convicted of a felony? ( ) Yes ( ) No

If Yes, please explain

Veteran of the U.S. military service? ( ) Yes ( ) No If Yes, Branch \_\_\_\_\_

Indicate what foreign languages you speak, read, and/or write.

	Fluently	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held.

(exclude those which indicate race, color, religion, sex or national origin): \_\_\_\_\_

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

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**Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical Or Mental Handicaps.**

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 disabled 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 handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation 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.

If you wish to be identified, please sign below.

( ) Handicapped Individual ( ) Disabled Veteran ( ) Vietnam Era Veteran

Signed \_\_\_\_\_

# Employment Experience

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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.

Employer	Dates Employed From _____ To _____		Work Performed
Address			
Job Title			
Supervisor			
Reason for Leaving			
Employer	Dates Employed From _____ To _____		Work Performed
Address			
Job Title			
Supervisor			
Reason for Leaving			
Employer	Dates Employed From _____ To _____		Work Performed
Address			
Job Title			
Supervisor			
Reason for Leaving			
Employer	Dates Employed From _____ To _____		Work Performed
Address			
Job Title			
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.

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# Education

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	Elementary	High	College/University	Graduate Professional
School Name				
Years Completed(circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree	xxxxxxxxxxxxxxxxxxxxxx			
Describe Course of Study	xxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxx			
Describe specialized training, Apprenticeship, skills, and extra-curricular activities				

Honors Received:

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

## AGREEMENT

I certify that the 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 result in discharge. I understand, also, that I am required to abide by all of the rules and regulations of Upson County if I am employed.

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Date

Signature of Applicant

### **For Personnel Department Use Only**

Arrange Interview	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Remarks				
Employed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Employment	
Job Title			Hr. Rate/Salary	Department
By				
Name and Title			Date	

THIS APPLICATION WILL ONLY BE CONSIDERED FOR VACANCIES EXISTING ON OR WITHIN SIXTY (60) DAYS AFTER IT IS FILED WITH THE PERSONNEL OFFICE OF UPSON COUNTY.

## APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, handicap, or any other legally protected status. As a governmental employer we comply with all regulations and affirmative action responsibilities.

The following information is required in order to comply with the permanent injunction referred to above:

APPLICANT'S FULL NAME: \_\_\_\_\_

APPLICANT'S SEX: ( ) Male ( ) Female

APPLICANT'S AGE: \_\_\_\_\_ Years

APPLICANT'S RACE: ( ) White ( ) Black

This information will be kept confidential and will only be utilized for the purposes required under applicable law.