

GRAHAM COUNTY GOVERNMENT

APPLICATION FOR EMPLOYMENT

Date of Application _____ Date available for work _____

Position you are applying for _____

Personal Information:

First Name	Middle Name	Last Name
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Alias or Past Names: (Please include maiden name, if applicable)

First Name	Middle Name	Last Name
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Driver's license number including state _____

Social Security Number _____

Date of Birth _____ Place of Birth _____

Resume Attached: Yes No

Residence: Number of years at this address: _____

Address	City	State	Zip code
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Phone: _____

Daytime	Evening	Cell (if applicable)
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Is it okay to call you at work? Yes No

Past Residences:

Number of years at this residence with dates: _____

Address	City	State	Zip Code
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Number of years at this residence with dates: _____

Address	City	State	Zip Code
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Are you 18 years old? YES NO

A previous applicant? YES NO

A previous employee? YES NO

Are you able to make it to work using reliable means of transportation? Yes No

Have you ever been convicted of a crime other than a traffic violation? Yes No

If yes, please describe and include type of crime and date of conviction:

Work Experience:

Present / Last Employer	Type of organization	Start Date / End Date
Address		Phone
Salary	Job Title	Supervisor
		May we contact? Yes No

Reason for Leaving

Present / Last Employer	Type of organization	Start Date / End Date
Address		Phone
Salary	Job Title	Supervisor
		May we contact? Yes No

Reason for Leaving

Present / Last Employer	Type of organization	Start Date / End Date
Address		Phone
Salary	Job Title	Supervisor
		May we contact? Yes No

Reason for Leaving

Professional Information (if applicable):

License Description _____ License Number _____

Expiration of License _____

Registry or Certification _____ Registration Number _____

Effective Date _____ Expiration _____

Other _____

Education and Training

Type of School	Name & Location	Date of Attendance School /Training	Name and Date of Degree Earned	Fields of Study (Major or Minor)
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High School _____

Trade School _____

Colleges _____

Academic or Other Awards or Achievements:

Additional Qualifications:

U.S. Military Service:

Branch _____ Rank at Discharge _____

Dates of Service _____ to _____

Duties _____

Honorable Discharge: Yes No

Please read carefully

If you have any questions regarding the application, this statement or have need of special assistance in regard to applying for this position, please see the person(s) of this organization who is assisting you with this application.

Graham County Government does not discriminate in hiring on basis of race, color, religion, sex, national origin, disability, veteran status, or your membership in any protected class protected under law of this jurisdiction. This application does not intend to ask questions that would provide information that could be used for discrimination.

Your application will be given the consideration it deserves; however, completing an application does not imply, that you will be offered employment. By signing your name below, you understand that nothing contained in this application or any information gained or discussed during the interview process creates an employment contract between you and Graham County Government. Should this application and the process surrounding this application result in your employment, you have the right to terminate your employment at any time and for any reason. Likewise, Graham County Government reserves the right to terminate your employment at any time and for any reason.

Moreover, you understand that no person of Graham County Government with the exception of an authorized employee of the Human Resources Department has any authority to enter into any agreement with you for any specified period of time or to guarantee any other personnel benefit. This includes any statements or guarantees made prior to your application or after you are employed.

When processing this application, Graham County Government may request a criminal, police or credit background check about you. In addition to background checks, Graham County Government may contact past employers, supervisors and/or any other person listed in this application regarding the statements made herein and your suitability for employment. This inquiry may include information as to the general character, reputation and work-related characteristics. You have the right to make a written request to the Human Resources Department of Graham County Government to disclose to you the content of these reports.

Also note that should you become employed by Graham County Government, this Organization may use outside agents or representatives to perform investigations surrounding any claim of wrongdoing including sexual harassment, theft or fraud.

By signing your name, you certify that all statements made by you on this application are true and complete to the best of your knowledge and that any misrepresentations or omissions by you may be the cause for rejection of your application, or may be cause for subsequent dismissal if you are hired.

Signature of Applicant _____ Date _____

Internal Office Use Only

References

Date _____ Organization _____ Contact _____

Information Obtained or Verified _____

Date _____ Organization _____ Contact _____

Information Obtained or Verified _____

Date _____ Organization _____ Contact _____

Information Obtained or Verified _____

Criminal Background Check Performed? Yes or No (If yes, attach to the application)

Eligible for Hire: Yes Or No

Position Title _____

Location / Department _____

Starting Date _____

Hiring Date _____

Level _____ Step _____

Note: This application for employment will be considered active for 90 days.

Internal Use Only:

Individual receiving and reviewing application: _____

Title: _____

Date: _____

Applicant Disposition:

- A. Applicant withdrew from process
- B. Disclosure of a disqualifying event
- C. Cannot work required hours
- D. Application reviewed – not selected
- E. Interviewed – not selected
- F. Failed pre-employment test or license requirement
- G. Does not meet minimum age requirement
- H. Conditional offer made
- I. Falsification of Application
- J. Failed Background check