

# APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis, including race, age, sex, religion, disability or national origin. Consistent with the American Disabilities Act, applicants may request accommodations needed to participate in the application process.

## PERSONAL INFORMATION

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

Social Security Number: \_\_\_\_\_

Last Name

First

Middle

Present Address

Street

City

State

Zip

Permanent Address

Street

City

State

Zip

Phone Number

Referred By

Date of Birth

Place of Birth

Are you 18 years of age or Older?  Yes  No

Are you currently receiving a Monthly benefit check from PERS?  Yes  No

## PERSONAL INFORMATION

Position Applied For

Date You Can Start

Salary Desired

Are you employed now?  Yes  No

If so, may we inquire of your present employer?  Yes  No

Ever Applied with Forrest County before?  Yes  No If yes, Where? \_\_\_\_\_ When? \_\_\_\_\_

Do you have any relatives working for Forrest County?  Yes  No If Yes, Who? \_\_\_\_\_

## EDUCATION

	Name and Location of School	Circle last year completed	Did you Graduate?	Subjects studied and Degree(s) received
Grammar School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## General

Subjects of Special Study or Research Work: \_\_\_\_\_

Job Related Skills (Typing, Drivers License, Etc.): \_\_\_\_\_

## FORMER EMPLOYERS

List below your last four employers, starting with the last one first.

Date (Month and Year)	Name and Address of Employer	Salary	Position	Reason for Leaving
_____				
_____				
_____				
_____				

## REFERENCES

List below Three Persons, not related to you, whom you have known for at least one year.

Name	Address	Position	Years Acquainted

If you are hired by Forrest County, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

## AUTHORIZATION

I certify the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by Forrest County.

I understand that any employment is conditioned on a background check. I authorize Forrest County to thoroughly investigate all statements contained in my application and/or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and all general reputation to Forrest County, without giving me prior notice of such disclosure. In addition, I release Forrest County, any former employers and all references listed above from any and all claims, demands and liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed in any interview, is intended to create an employment contract. I further understand that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or Forrest County. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Forrest County unless made in writing.

If I am offered employment, I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by Forrest County and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to Forrest County the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by Forrest County's Drug and Alcohol Policy.

I understand that filing out this form does not indicate there is a position open and does not obligate Forrest County to hire. If hired, I agree to abide by all Forrest County work rules, policies and procedures. Forrest County retains the right to revise its policies or procedures, in whole or in part, at any time.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature