Effingham County

Employment Application

An Equal Opportunity Employer
This Application will be maintained for 12 months only.

Personal Information					
Last Name		**First**		**Middle**	
Address:					
Telephone Number:		**E-Mail:**			

I will provide necessary documentation to validate that I am (Check a Box):

☐ A citizen or national of the United States or
☐ Authorized by the Immigration and Naturalization Service to work in the United States.

Position(s) Applying For:

Date Available To Start:

What type of experience do you have which would be helpful for the job for which you are applying?

Have you ever worked for this County? ☐ **Yes** ☐ **No**

If yes, when and where: _____

Are you available to Work: ☐ Full-Time ☐ Part-Time ☐ Weekends ☐ Days ☐ Nights

List any day or hours you are unable to work:

List Any Friends or Relatives working here:	(Name & Relationship)

United States Military Service					
Please provide a copy of your DD-214 (If Applicable).					
Do you have United States Military Experience? ☐ Yes ☐ No				**Branch: _____**	
Date Entered:		**Date Discharged:**		**Rank at Time of Discharge:**	
Special Skills or Training from Service:			**Present Military Status:**		

Education & Training		
Please list all educational institutions attended beginning with the most recent (including High School, Technical Schools, College).		
Name & Location of School	**Number of Years Completed**	**Degree Earned/Major**

Professional References			
Please provide 3 professional references below for individuals who have supervised your previous work (Owners, Managers, Supervisors).			
Name	**Address, City, State**	**Position**	**Phone Number**

Work Experience

Please list your previous employers, starting with the most current employer.

Employer Name:	Address:	
Position:	Start Date:	End Date:
Supervisor (Name and Title):		
Reason for Leaving: May we contact this employer? ☐ Yes ☐ No		

Employer Name:	Address:	
Position:	Start Date:	End Date:
Supervisor (Name and Title):		
Reason for Leaving: May we contact this employer? ☐ Yes ☐ No		

Employer Name:	Address:	
Position:	Start Date:	End Date:
Supervisor (Name and Title):		
Reason for Leaving: May we contact this employer? ☐ Yes ☐ No		

Employer Name:	Address:	
Position:	Start Date:	End Date:
Supervisor (Name and Title):		
Reason for Leaving: May we contact this employer? ☐ Yes ☐ No		

Are there any other places you have worked in addition to those listed above? ☐ Yes ☐ No

Additional Experience
Please list below any additional experience.

THE BELOW DISCLAIMERS MUST BE READ IN THEIR ENTIRETY AND ACKNOWLEDGED, BY SIGNATURE, AS PART OF THE APPLICATION PROCESS. PLEASE MAKE CERTAIN THAT YOU HAVE ANSWERED ALL OF THE QUESTIONS OF THIS EMPLOYMENT APPLICATION TRUTHFULLY.

By signing below, I understand that the information provided is true and correct, and that any misstatements or omission of material facts in the application or the hiring process may result in discontinuing of the hiring process or termination of employment, no matter when discovered. I agree that the County shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application.

I authorize the County to analyze the truthfulness of all statements made on this application, complete reference checks from my current and former employers, and others that may provide information regarding my education and experiences. In addition, I give my consent for all contacted persons including current and former employers to provide information concerning this application, and I release each such person from liability for providing information to the County.

I understand that nothing contained in this application, or the granting of an interview is intended to create an employer/employee relationship between the County and myself either for employment or for the providing of any benefits. No promises regarding employment have been made to me unless made in writing. I further understand and agree that if I am hired, my employment would be "at will," as defined by law where our County operates: I would have the right to terminate my employment at any time for any reason and that the County would retain a similar right.

I understand that any offers of employment may be contingent upon my taking and successfully passing a drug and/or alcohol test in accordance with the County's policy. If I refuse to submit to testing, refuse to sign the consent form, or test positive, the County will not employ me.

I understand that any offers of employment may be contingent upon the results of a background check(s), including without limitation a criminal background check and a conviction inquiry, in accordance with the County's policies and state law.

I hereby attest that all statements made by me above are true to the best of my knowledge, and I agree to the terms noted above.

Applicant's Signature: _____ **Date:** _____