



# Fannin County Board of Commissioners Employment Application Drug- Free Workplace

## Personal

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

List any other names you use or are known by: \_\_\_\_\_

Present Address: \_\_\_\_\_

Home Telephone # (\_\_\_\_) \_\_\_\_\_ Alternate Telephone # (\_\_\_\_) \_\_\_\_\_

Date of Birth\* \_\_\_\_\_ Driver's License # \_\_\_\_\_

Proof of eligibility under the Immigration Reform Act of 1986 is required for employment. If hired by Fannin County Government, can you provide proof of your identity and eligibility to work in the USA? \_\_\_\_\_

\*The Age Discrimination in Employment Act of 1987 prohibits discrimination based on age with, the respect of individuals who are at least 40 years of age but less than 70 years of age.

## Employment Desired

Position applied for: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Do you have physical limitations that prevent you from any work for which you are being considered? Yes  No

If yes, please describe: \_\_\_\_\_

Can you meet the attendance requirements for this position? Yes  No  Do you have transportation? Yes  No

Do you have a valid Driver's License? Yes  No  Do you have a driving record? Yes  No

Have you ever applied to Fannin County? Yes  No  Have you ever been employed by Fannin County? Yes  No

If yes, which department and when? \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Do you have any relatives working for Fannin County? \_\_\_\_\_

## Educational Background

Education	School Name and Location	Course of Study	Graduate?	# of Years Completed?	Degree/Major
High school					
College					
BUS/ Tech/Trade Or Post College					

List all special skills, valid certificates and licenses:

## References

Please list the names of personal reference (not previous employers or relatives) who know you well that we may contact.

Name	Occupation	Address	Telephone Number	# of Years Known

**Employment History** (list all employment, starting with most recent employer. If more space is needed, attach paper.)

Employer: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Position: \_\_\_\_\_ Pay Rate: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ May we contact? Yes  No  If No, why not? \_\_\_\_\_  
Duties/ Responsibilities \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Position: \_\_\_\_\_ Pay Rate: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ May we contact? Yes  No  If No, why not? \_\_\_\_\_  
Duties/ Responsibilities \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Position: \_\_\_\_\_ Pay Rate: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ May we contact? Yes  No  If No, why not? \_\_\_\_\_  
Duties/ Responsibilities \_\_\_\_\_

**FANNIN COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER**

Fannin County is an Equal Opportunity Employer and does not engage in any form of prohibited discrimination. Employment decisions are made without regard to race, color, creed, religion, sex, national origin, age, disability or status as a disabled veteran, except where age or sex is a bona fide occupational qualification or where an individual's disability prevents him/her from performing the essential job functions even with reasonable accommodation. I understand that the use of this application form does not indicate there are any positions open and does not in any way obligate Fannin County to hire me. I understand that, if hired, 1) I am required to abide by all rules and regulations of Fannin County and 2) the employment relationship between Fannin County and myself has no specific term and is terminable at will either by Fannin County or me, both during and after the initial probationary period. I certify that the information I have given on this application is true and complete. I understand that in the event of employment, any false or misleading information or omission of information on my application or in interview(s) may be cause for immediate dismissal without further notice regardless of the time of discovery. I hereby release from all liability or responsibility all persons, schools, corporations, government agencies or other organizations furnishing information regarding my personal, employment and education history and hereby authorize the release of any such information, including Law Enforcement records. Photocopies of this authorization should be treated as original.

**I HAVE READ AND, I ACCEPT THIS STATEMENT OF UNDERSTANDING AND AGREEMENT**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_