



Baldwin County Board of Commissioners

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AN EQUAL OPPORTUNITY EMPLOYER & PROVIDER • A DRUG FREE WORKPLACE

TELL US ABOUT YOURSELF

Name: _____ Phone Number: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Social Security Number: _____

POSITION(S) INTERESTED IN

SALARY EXPECTED

1) _____
2) _____
3) _____

How did you learn about the position (s)? _____

Are you applying for part time or full time? _____

Have you previously been employed by Baldwin County? If so, what dates? _____

If hired, when will you be available to start? _____

Can you fulfill ALL of the job duties required with or without reasonable limitations? _____

Are you a veteran? _____

List special qualifications and/or skills that would qualify you for the position (s) for which you have applied below.

EDUCATION & TRAINING

	SCHOOL NAME	DATES ATTENDED	GRADUATION YEAR	DIPLOMA / DEGREE	FIELD OF STUDY
High School GED					
Vocational Technical College					
College University					

REFERENCES (No relatives, please)

Name	Address	Phone Number	Years Known

EMPLOYMENT HISTORY (List in order, starting with most recent employer)

Business Name: _____ Supervisor: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Position: _____ Year Started: _____ Year Ended: _____

Starting Salary: _____ Ending Salary: _____

List your major duties & responsibilities below.

List your reasons for leaving below.

Business Name: _____ Supervisor: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Position: _____ Year Started: _____ Year Ended: _____

Starting Salary: _____ Ending Salary: _____

List your major duties & responsibilities below.

List your reasons for leaving below.

Business Name: _____ Supervisor: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Position: _____ Year Started: _____ Year Ended: _____

Starting Salary: _____ Ending Salary: _____

List your major duties & responsibilities below.

List your reasons for leaving below.

Can we contact any of the above employers? _____

I hereby certify that all statements made on this form are true to the best of my knowledge, I fully realize that should an investigation disclose any misrepresentations, I will be subject to immediate dismissal.

SIGNATURE

DATE