BALDWIN COUNTY BOARD OF COMMISSIONERS

121 N. Wilkinson Street ♦ Suite 314
Milledgeville, Georgia 31061

APPLICATION FOR EMPLOYMENT

Name: _____

Address: _____

Phone #: _____ Social Security #: _____

Positions or Job Applied for: A. _____ Salary Expected: $ _____

B. _____ Salary Expected: $ _____

How did you learn about this position? _____

Are you applying for part-time _____ or full-time _____ work?

Have you been employed with us before? Yes _____ No _____

If hired, when will you be available for work? _____

Are you a veteran? Yes _____ No _____

List special qualifications and/or skills that would qualify you for the position(s) for which you have applied: (include typing wpm, shorthand, skills with machine and equipment, type of machines and equipment, etc.)

_____

_____

Do you have any physical handicap, disease, limitations or other disability which should be considered in assigning you this position? Yes _____ No _____

Personal References (No Relatives, Please)

Name	Address	Phone #	Years Known

Education & Training

Type of School	Name & Location of School	Dates Attended	Graduated	Type of Diploma or Degree	Major Field of Study
High School		From _____ To _____	Yes _____ No _____ If No, highest grade completed? _____		
Vocational or Technical School		From _____ To _____	Yes _____ No _____		
College or University		From _____ To _____	Yes _____ No _____		

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Employment History (List in order, last or present employer first)

1. Employer Name: _____

Employer Address: _____

From: _____ To: _____ Supervisor's Name: _____

Position Held: _____ Salary: Starting $ _____ Ending $ _____

Major work duties and responsibilities: _____

_____

Reason for leaving: _____

_____

2. Employer Name: _____

Employer Address: _____

From: _____ To: _____ Supervisor's Name: _____

Position Held: _____ Salary: Starting $ _____ Ending $ _____

Major work duties and responsibilities: _____

_____

Reason for leaving: _____

_____

3. Employer Name: _____

Employer Address: _____

From: _____ To: _____ Supervisor's Name: _____

Position Held: _____ Salary: Starting $ _____ Ending $ _____

Major work duties and responsibilities: _____

_____

Reason for leaving: _____

_____

(If applicable, please list on another sheet of paper additional jobs you have held and attach to application.)

May we contact any of the above employers? Yes _____ No _____

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.

Date _____ Signature _____

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AFFIRMATIVE ACTION QUESTIONNAIRE

INSTRUCTIONS: Each applicant for employment is requested to provide the following information for affirmative action reporting purposes. It will be detached when your application is filed and the information on it will not be considered in the employment process.

1. ETHNIC/RACIAL STATUS (Please check one)

a. African American _____

b. American/Native Indian _____

c. Asian _____

d. Caucasian(White) _____

e. Hispanic/Latino _____

f. Other _____ Indicate Race:_____

2. SEX

a. Male _____

b. Female _____

3. AGE

Date of Birth _____

(Month) (Day) (Year)

4. HANDICAPPED STATUS

a. Not Applicable _____

b. Visually Handicapped _____

c. Hearing Impaired _____

d. Other _____ Indicate Handicap: _____

5. HOW DID YOU HEAR ABOUT THIS JOB? (Please check all that apply)

a. Local Newspaper _____

b. State Employment Agency _____

c. Radio Announcement _____

d. Internet Website _____

e. Current Employee _____

f. Minority Organization _____

g. County Job Announcement _____

h. Word of Mouth _____

i. Other _____ Indicate source: _____

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