



# Ware County Employment Application

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.

Date \_\_\_\_\_

**(PLEASE PRINT)**

This form must be completed in full. Incomplete Applications **WILL NOT** be considered. List below Position(s) applying for:

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

LAST

FIRST

MIDDLE

Address \_\_\_\_\_

NUMBER

STREET

CITY

STATE

ZIP

Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_

AREA CODE

HOME

BUSINESS

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Were you previously employed by Ware County?  Yes  No If yes, give date \_\_\_\_\_

Are you employed now?  Yes  No May we contact your present employer?  Yes  No

Are you a U.S. citizen?  Yes  No Authorized Alien  Yes  No

NOTE: If offered employment you will be required to provide documentation to verify employment eligibility within three days of employment.

Date you would be available for work \_\_\_\_\_

Available to work  Full Time  Part Time  Shift Work  Temporary

Are you on a lay-off and subject to recall?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No

If Yes, please explain \_\_\_\_\_

Veteran of the U.S. military service?  Yes  No If yes, Branch \_\_\_\_\_

Please attach copy of DD214

|                                    |                       |              |                    |                 |
|------------------------------------|-----------------------|--------------|--------------------|-----------------|
| Do you have a valid driver license | No _____<br>Yes _____ | Which State? | Driver's License # | Expiration Date |
|------------------------------------|-----------------------|--------------|--------------------|-----------------|

What class license? \_\_\_\_\_

Have you had any traffic violations in the past three years? \_\_\_\_\_

Please indicate type of offense and dates: \_\_\_\_\_

List professional, trade, business, or civic activities and offices held.

You may (Exclude those which indicate race, color, religion, sex or national origin, handicap, or other protected status).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES:**

Give name, address and telephone number of three references who are not related to you and are not previous employers which we have permission to contact.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Education** (Please attach copy of Diploma, Certificate, other Document)

|   | Elementary | High School | College/University | Graduate/Professional |
|---|------------|-------------|--------------------|-----------------------|
| Name of School  |            |             |                    |                       |
| Years Completed:<br>(circle)                            | 4 5 6 7 8  | 9 10 11 12  | 1 2 3 4            | 1 2 3 4               |
| Diploma/Degree  |            |             |                    |                       |
| Describe Course of study                                |            |             |                    |                       |
| List:<br>Specialized Training<br>Apprenticeship, Skills |            |             |                    |                       |
| Honors received   |            |             |                    |                       |

Are you related as close as 1st cousin to any county employee?

Who \_\_\_\_\_ Relation \_\_\_\_\_

# Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organizations names which indicate race, color, religion, sex or national origin.

|   |                    |                    |       |                |
|---|--------------------|--------------------|-------|----------------|
| 1 | Employer           | Dates Employed     |       | Work Performed |
|   |                    | From               | To    |                |
|   | Address            |                    |       |                |
|   | Job Title          | Hourly Rate/Salary |       |                |
|   |                    | Starting           | Final |                |
|   | Supervisor         |                    |       |                |
|   | Reason for Leaving |                    |       |                |
| 2 | Employer           | Dates Employed     |       | Work Performed |
|   |                    | From               | To    |                |
|   | Address            |                    |       |                |
|   | Job Title          | Hourly Rate/Salary |       |                |
|   |                    | Starting           | Final |                |
|   | Supervisor         |                    |       |                |
|   | Reason for Leaving |                    |       |                |
| 3 | Employer           | Dates Employed     |       | Work Performed |
|   |                    | From               | To    |                |
|   | Address            |                    |       |                |
|   | Job Title          | Hourly Rate/Salary |       |                |
|   |                    | Starting           | Final |                |
|   | Supervisor         |                    |       |                |
|   | Reason for Leaving |                    |       |                |
| 4 | Employer           | Dates Employed     |       | Work Performed |
|   |                    | From               | To    |                |
|   | Address            |                    |       |                |
|   | Job Title          | Hourly Rate/Salary |       |                |
|   |                    | Starting           | Final |                |
|   | Supervisor         |                    |       |                |
|   | Reason for Leaving |                    |       |                |

If you need additional space, please continue on a separate sheet of paper

### Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience \_\_\_\_\_

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Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Disabilities.

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified and disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled individuals.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely effect any consideration you may receive for employment.

Disabled Individual     Disabled Veteran     Vietnam Era Veteran

If you wish to be identified, or if you have a suggested reasonable accommodation, please sign below.

Signed \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application.

**AGREEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

I understand that satisfactory completion of a physical examination is required for employment and also a pre employment drug screening administered by Ware County authorized medical personnel. I consent to routine drug screening relating to my employment with Ware County.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in by application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the County.

\_\_\_\_\_  
Signature of Applicant

Date \_\_\_\_\_

**BOARD OF COMMISSIONERS  
WARE COUNTY**  
P.O. BOX 1069  
WAYCROSS, GEORGIA 31502-1069

*Ware County of Progress*

# Ware County Employment Data Record

Persons applying for jobs are considered for all positions open and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, disability or any other leagly protected status.

As an employer, we comply with government regulations and affirmative action responsibilities.

Information for periodic government reporting will be kept in a Confidential File separate from the Application Form for Employment.

**(PLEASE PRINT)**

Date \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source:  Advertisement  Friend  Family  Walk-In  T.V.  
 Employment Agency  Other \_\_\_\_\_

PRE-EMPLOYMENT APPLICATION FLOW DATA

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

Information on sex, race, and ethnic background is collected for record keeping and compliance with Federal laws. Your answers are **Completely Voluntary** and will only be used for statistical reporting purposes. You voluntary reply will in no way affect your consideration for this or future chances of employment with Ware County Government.

Upon receipt of your application, this information will be removed and kept **Separately** from the application files - IT WILL NOT BE USED AS BASIS FOR MAKING EMPLOYMENT DECISIONS. If you choose not to provide the information, a negative response is encouraged (Item 2) and return this form with your application. Negative replies will be handled in the same manner explained above.

1. Name \_\_\_\_\_  
(Last) (First) (Mi)

2. \_\_\_\_\_ I choose not to provide the information requested below.

3. Race: (Check One)

- \_\_\_\_\_ American Indian or Alaskan Native
- \_\_\_\_\_ Asian or Pacific Islander
- \_\_\_\_\_ White (Not of Hispanic Origin)
- \_\_\_\_\_ Black (Not of Hispanic Origin)
- \_\_\_\_\_ Hispanic
- \_\_\_\_\_ Other (Please specify:) \_\_\_\_\_

4. Sex: (Check One)

- \_\_\_\_\_ Female
- \_\_\_\_\_ Male

Age Group: \_\_\_\_\_ 17 or younger  
\_\_\_\_\_ 18 to 39  
\_\_\_\_\_ 40 or older