



Walton County Board of Commissioners Employment Application

303 South Hammond Drive, Suite 331 – Monroe, GA 30655

Email: hr.resume@co.walton.ga.us Website: www.waltoncountyga.gov

Office: (770) 267-1329 Fax: (770) 267-1415 Job Line: (770) 267-1986

Positions Applied For:

1. _____

3. _____

2. _____

4. _____

Walton County considers applicants for all positions without regard to race, color, religion, gender, national origin, age or disability. Fill in all items thoroughly. Your answers determine whether you will be considered for this position. We cannot accept incomplete, undated or unsigned applications. Applications will only be accepted for posted positions. Walton County is a DRUG FREE WORKPLACE!

PERSONAL DATA

Please print in black or blue ink or type – DO NOT use pencil.

Last Name: _____ First Name: _____ Middle or Maiden Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email Address: _____

Will you accept:
Check all that apply

Temporary Work

Shift Work

Part Time Work

Weekends/Holidays

Are you legally eligible to work in the United States?

**Note: If offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in a determination that the applicant is ineligible for employment in the United States.*

Have you ever been employed by Walton County Government before? _____ If YES, when and where?

Do you have any relatives who are currently employed with Walton County Government? _____

If so, give name, relationship, and department in which they are employed:

EMPLOYMENT EXPERIENCE

List the positions that you have held, starting with your most recent one. **THIS SECTION MUST BE COMPLETED IN DETAIL. You are encouraged to attach a resume if you wish, but reference to a resume in lieu of completing this section cannot be accepted and will be considered incomplete. INCOMPLETE APPLICATIONS WILL NOT BE SUBMITTED FOR CONSIDERATION.** Under "duties" describe your job in sufficient detail so that we can determine not only your tasks but also the level of responsibility. If you have had more jobs or wish to add more detail to the "duties" section, complete a separate sheet in the same format and attach.

Name of Organization or Firm: _____

From (Month/Year) _____ **To (Month/Year)** _____

Address: _____ **Telephone Number:** _____

City: _____ **State:** _____ **Zip:** _____

Total Time Employed (Years & Months): _____ **Official Job Title:** _____

Supervisor's Name: _____ **Hours Worked Per Week:** _____

Specific Job Duties:

Specific Reason For Leaving:

Beginning Salary: \$ _____ **Per:** _____ **Ending Salary: \$** _____ **Per :** _____

BETWEEN THESE JOBS (IF APPLICABLE): UNEMPLOYED IN-SCHOOL OTHER

Name of Organization or Firm: _____

From (Month/Year) _____ **To (Month/Year)** _____

Address: _____ **Telephone Number:** _____

City: _____ **State:** _____ **Zip:** _____

Total Time Employed (Years & Months): _____ **Official Job Title:** _____

Supervisor's Name: _____ **Hours Worked Per Week:** _____

Specific Job Duties:

Specific Reason For Leaving:

Beginning Salary: \$ _____ **Per:** _____ **Ending Salary: \$** _____ **Per :** _____

BETWEEN THESE JOBS (IF APPLICABLE): UNEMPLOYED IN-SCHOOL OTHER

Name of Organization or Firm: _____

From (Month/Year) _____ **To (Month/Year)** _____

Address: _____ **Telephone Number:** _____

City: _____ **State:** _____ **Zip:** _____

Total Time Employed (Years & Months): _____ **Official Job Title:** _____

Supervisor's Name: _____ **Hours Worked Per Week:** _____

Specific Job Duties:

Specific Reason For Leaving:

Beginning Salary: \$ _____ **Per:** _____ **Ending Salary: \$** _____ **Per :** _____

BETWEEN THESE JOBS (IF APPLICABLE): UNEMPLOYED IN-SCHOOL OTHER

Name of Organization or Firm:			
From (Month/Year)		To (Month/Year)	
Address:		Telephone Number:	
City:	State:	Zip:	
Total Time Employed (Years & Months):		Official Job Title:	
Supervisor's Name:		Hours Worked Per Week:	
Specific Job Duties:			
Specific Reason For Leaving:			
Beginning Salary: \$	Per:	Ending Salary: \$	Per :

BETWEEN THESE JOBS (IF APPLICABLE): **UNEMPLOYED** **IN-SCHOOL** **OTHER**

Name of Organization or Firm:			
From (Month/Year)		To (Month/Year)	
Address:		Telephone Number:	
City:	State:	Zip:	
Total Time Employed (Years & Months):		Official Job Title:	
Supervisor's Name:		Hours Worked Per Week:	
Specific Job Duties:			
Specific Reason For Leaving:			
Beginning Salary: \$	Per:	Ending Salary: \$	Per :

BETWEEN THESE JOBS (IF APPLICABLE): **UNEMPLOYED** **IN-SCHOOL** **OTHER**

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the statements made by me on this application are to the best of my knowledge, true, complete and correct. I understand that any misrepresentations or material omission of fact on this or any other document required by Walton County, if employed, may be considered as constituting grounds for disciplinary measures, including dismissal. I further understand that any offer of employment is subject to successful completion of a drug screen and where necessary, other examinations and background investigations. Having applied for employment with Walton County, I do hereby agree and do give my consent that any person, firm or organization listed herein is authorized to furnish Walton County with personal or reference material concerning my character, past employment or any other information they so request and release them from any damages whatsoever for issuing same.

May we contact your present employer? **YES** **NO**

You must sign the certification and agreement to enable us to contact prior employers, though we may not contact your present employer.

Signature

Date

NOTE: If you are contacted for an interview and need special accommodations due to a disability, please advise at that time as to the type of accommodation.



Walton County Board of Commissioners Affirmative Action Form

The following information is sought only to assist the County in analyzing and monitoring its recruitment process in compliance with Federal laws. The information will be kept separately from your application form, and will not be used in employment decisions.

Please check items that apply:

- | | |
|---|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Two or More Races |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> White |
| <input type="checkbox"/> Native American or Alaska Native | |
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |

Position applied for:

How did you learn of this job opening?

- | | |
|--|---|
| <input type="checkbox"/> State Employment Service | <input type="checkbox"/> Friend/Relative |
| <input type="checkbox"/> Job Board Websites | <input type="checkbox"/> Walk-in |
| <input type="checkbox"/> County Bulletin Board/Website | <input type="checkbox"/> Other (<i>explain</i>) |

NAME

DATE

ADDRESS

HOME PHONE

SS#