



# Walton County Internal Application Request for Change of Status or Transfer

Interview Date & Time:  
Interviewed By:

Please answer each question clearly and completely. Type or print in blue or black ink. If you need more space, attach additional pages. **While you can attach a resume to this application, incomplete or unsigned applications will not be considered.** If you require assistance in the application process, please contact Human Resources at (770) 267-1329 or [hr.resume@co.walton.ga.us](mailto:hr.resume@co.walton.ga.us).  
Walton County Board of Commissioners is an Equal Opportunity Employer.

Position Applying For: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Present Position: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Present Department: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

This would be a:  Transfer  Promotion  Demotion

Please list the titles and length of service for each job you have held while employed by Walton County:

Job Title	Department	From (mm/yy)	To (mm/yy)

Please list any training and/or education related to the position you are applying for:

Name of School	Major/Area of Study	Indicate Diploma/Degree Received

Qualifying Experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any relatives that work for Walton County? If so, please list their name, department & relationship to you:

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the preceding information is true and correct to the best of my knowledge and belief:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Supervisor signature is not required to be considered for position)*