

Describe your work history BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB. Include military, volunteer experience and periods of unemployment. Complete address with zip code and phone numbers for all employers are necessary. A resume may be attached only as additional information and will not be accepted in lieu of completing this section.

EMPLOYMENT HISTORY (PLEASE COVER EMPLOYMENT HISTORY FOR PAST TEN YEARS, INCLUDING MILITARY IF APPLICABLE). USE ATTACHMENT IF NECESSARY.					
(1) NAME OF EMPLOYER (2) ADDRESS OF EMPLOYER (3) PHONE NUMBER	FROM MO./YR.	TO MO./YR.	WAGE RATE START/FINISH	JOB TITLE AND DUTIES	REASON FOR LEAVING SUPERVISOR'S NAME
name address phone ()					
name address phone ()					
name address phone ()					
name address phone ()					

PLEASE COMPLETE ALL AREAS ABOVE, WHETHER OR NOT A RESUME IS ATTACHED.

WORK REFERENCES WE MAY CONTACT (INCLUDE AT LEAST TWO MOST RECENT OR CURRENT SUPERVISORS)

NAME	NAME
ADDRESS	ADDRESS
OCCUPATION PHONE	OCCUPATION PHONE
NAME	NAME
ADDRESS	ADDRESS
OCCUPATION PHONE	OCCUPATION PHONE

PLEASE READ THIS IMPORTANT INFORMATION BELOW. ASK FOR CLARIFICATION IF NEEDED.

The undersigned has applied for employment with the Habersham County Government and hereby authorizes the Habersham County Government to contact my current and former employers and references for the purpose of acquiring information regarding me, I hereby authorize such employers and references to supply such information verbally or in writing to the Habersham County Government. In consideration for their furnishing such information, I hereby waive any and all claims against such former employers and references which may arise from their furnishing such information.

I understand the Habersham County Government has a Substance Abuse Prevention Program which includes drug testing. I agree to comply with applicable County policy.

I understand that once offered a position I will be required to complete a medical evaluation and drug screening.

I understand that once offered a position I may be required to pass a physical examination as a condition of continued employment.

I certify that the answers given by me to all of the questions on this application are to the best of my knowledge and belief true and correct. I further affirm that I have not knowingly withheld any facts or circumstances that would detrimentally affect my application for employment, and I understand that any misleading or incorrect statement may render this application void and would be cause for dismissal, if employed.

I AGREE THAT IF HIRED THE HABERSHAM COUNTY GOVERNMENT OR I MAY TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE. I UNDERSTAND THAT NO COUNTY POLICY, PRACTICE, PROCEDURE, OR STATEMENT BY ANY COUNTY REPRESENTATIVE SHALL LIMIT OR ALTER THIS AT-WILL EMPLOYMENT RELATIONSHIP.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS:

SIGNATURE

DATE
EMPLOYMENT Application Ver. 1.2 - 3-2003