



APPLICATION FOR EMPLOYMENT
Office of Trevor J. Addison, Clerk of Courts
100 South Jefferson Avenue, Suite 236
Eatonton, Georgia 31024
(706) 485-4501 * www.putnamcourtclerk.org

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT OR TYPE ALL INFORMATION

 Position applied for _____
 Date

 How did you learn about the position? Advertisement Friend Walk-In
 Employment Agency Relative Other: _____

 Last Name First Name Middle Name

 Address, Street, P.O. Box City State Zip Code

 Telephone Number(s) Email Address

 If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO
 Describe any specialized training, apprenticeship, skills and job qualifications:

Have you ever filed an application with us before?
 YES NO

If YES, give date. _____
 Please list any equipment you can operate:

May we contact your present employer?
 YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
 YES NO

(Proof of citizenship or immigration status will be required upon employment.)
 List professional, trade, business or civic activities and offices held. (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

On what date would you be available for work?

Are you available to work: *(check all that apply)*
 Full-Time Part-Time Temporary

Are you currently on "Lay-Off" status and subject to recall?
 YES NO
 State any additional information you feel may be helpful to us in considering your application:

Have you been convicted of a felony within the last 7 years?
 YES NO
 If YES, please explain:

EDUCATION

High School: _____

Years completed _____ Degree/Diploma _____

Undergraduate
College: _____

Years completed _____ Degree/Diploma _____

Graduate Professional: _____

Years completed _____ Degree/Diploma _____

EMPLOYMENT EXPERIENCE

Name of Employer Telephone No.

Address

Job Title Supervisor

Dates: From To Salary: From To

Reason for leaving

Name of Employer Telephone No.

Address

Job Title Supervisor

Dates: From To Salary: From To

Reason for leaving

Name of Employer Telephone No.

Address

Job Title Supervisor

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Dates: From To Salary: From To

Reason for leaving

REFERENCES

Name Phone No.

Address

Name Phone No.

Address

Name Phone No.

Address

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that Putnam County maintains a drug free workplace policy and that Putnam County requires that every newly hired employee be free of alcohol and other drug abuse. Each offer of employment shall be conditioned upon the passing of a breath, saliva, blood and/or urine test for alcohol and other drugs. I understand that the County will not hire any applicant who fails to pass the pre-employment alcohol and other drug tests. I understand that this employer participates in the E-Verify Program and that I must provide proper documentation that I am legally allowed to work in the United States.

Signature of Applicant Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: YES NO

Remarks: _____

Employed: YES NO

Date of Employment: _____

Job Title: _____

Department: _____

Hourly Rate/Salary: _____

BY: _____

Name and Title

Date