APPLICATION FOR EMPLOYMENT

Calhoun County Board of County Commissioners is an affirmative action, equal opportunity employer that always employs the best-qualified individual for the job based on job-related qualificiations and regardless of race, color, national origin, religion, disability, marital status, age, sex, sexual orientation, gender identity, genetic information or other protected status under federal, state or local law.

Name						
Last		First		Middle		
Address						
	Street	City		Sta	te	Zip
Phone #						
Position f	or which applying					
Are you 18	8 years of age or older?	No_		Yes		
Are you a	Veteran, claiming Veteran's	Preference?	No		Yes	
No	ever been employed by Call Yes icate department(s), position					
Do you ha	ive any relatives employed b	oy Calhoun County?	If so, please li	st below.		
withheld, No	ever pled guilty or "no conte prosecution deferred, or do o Yes ase give date and details of	you have any crimir		-	d adjudication	1

PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with current or most recent employer listed first. Be sure to account for <u>ALL</u> periods of time including any period of unemployment.

(A) Current or Most Recent Emplo	pyer	
Name		
Addrage		- -
Phone #		
Job Title	From:	To:
Job		
Dutios:		
Starting Salary:	Ending Salary:	
Supervisor's Name		
Phone #		
Reason for Leaving:		
(B) Previous Employer		
Name		_
Address		_
Phone #		
Job Title	From:	To:
Job		
Duties:		
Starting Salary:	Ending Salary:	
Supervisor's Name Phone #		
Reason for Leaving:		

PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with current or most recent employer listed first. Be sure to account for <u>ALL</u> periods of time including any period of unemployment.

(C) Previous Employer		
Addrass		_ _
Job Title	From:	To:
Duties:		
Starting Salary:	Ending Salary:	
Supervisor's Name Phone #		
Reason for Leaving:		
(D) Previous Employer		
Name Address Phone #		_ _
Job Title	From:	To:
Job Duties:		
Starting Salary:	Ending Salary:	
Supervisor's Name Phone #		
Reason for Leaving:		

EDUCATION	School Name/Location	Years Completed	Degree	Study or Major		
High School						
College/ University						
Graduate/ Professional						
Trade						
Other						
List any professional or occupational licenses or certificates:						
Office Skills or Other Skill Areas, Include computer programs & software knowledge:						
PERSONAL REFERENCES: Name Phone Number						

Applicant's Attestations

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at will at any time with or without notice or reason, and the Company has the same right. The Calhoun County Board of County Commissioners and the County Administrator has authority to modify this relationship or make any agreement to the contrary. Any such modifications or agreement must be in writing.

I understand that the County reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that the County may contact my previous employers and I authorize those employers to disclose to the County all records and other information pertinent to my employment with them. I release my previous employers from any liability as a result of their disclosure of information about me to the Company. I also authorize the County to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I further understand that if employed I will be on a 6 month probationary period and that termination for unsatisfactory performance during that period will not result in any County responsibility for unemployment benefits. I further understand that completion of the introductory period does not confer any expectation of continued employement and that if employed, my employment will be for no definite period and "at-will."

By signing this application, I certify that all of the information that I provide on this application and in any interview will be true, complete and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed.

I certify that I am hereby notified that the County may obtain my personal history, conduct a criminal background check and solicit statements from any person or organization with which I have ever been associated. In consideration of the receipt of this application by the Calhoun County BOCC. I hereby release the Calhoun County BOCC and all persons or organizations from any liability arising from such statements, their solicitation or use. I understand that this application is valid only for the position indicated and I must reapply for future vancies. I understand that my employment is contingent upon accuracy of the information contained herein and that if I am employed, the information given in this application will be used as part of my personnel records.

I freely and voluntarily agree to submit to a drug test as a part of my application for employment. I understand thay either my refusal to submit to the drug test or a positive test result for illegal drugs will disquality me from further consideration for this position.

		' '	
Applicant's Signature: _.	 	 	
Data			
Date:			

I have read in full and understand the above statements and conditions of employment.