

FORREST COUNTY

Employment Application

We are an equal opportunity employer, dedicated to a policy of non-discrimination on any basis, including race, age, sex, religion, disability, or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

APPLICANT INFORMATION

DATE: _____

Last Name:	First:	M.I.
Street Address:	Apartment/Unit #:	
City:	State:	ZIP:
Phone:	E-mail Address:	
Date Available:	Desired Salary:	
Position Applied for:	Referred by:	
Are you 18 years of age or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a employed now?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever applied with Forrest County Before?	YES <input type="checkbox"/>	NO <input type="checkbox"/> If Yes, Where? _____ When? _____
Have you have any relatives working for Forrest County?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you currently receiving a monthly benefit check from PERS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

EDUCATION

High School:		Location:	
From:	To:	Did you graduate? YES <input type="checkbox"/>	NO <input type="checkbox"/> Degree:
College:		Location:	
From:	To:	Did you graduate? YES <input type="checkbox"/>	NO <input type="checkbox"/> Degree:
Other:		Location:	
From:	To:	Did you graduate? YES <input type="checkbox"/>	NO <input type="checkbox"/> Degree:
Special Skills:			

REFERENCES

Please list three professional references.

Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	

PREVIOUS EMPLOYMENT

Company:	Phone:	
Address:	Supervisor:	
Job Title:	Starting Salary \$	Ending Salary \$
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company:	Phone:	
Address:	Supervisor:	
Job Title:	Starting Salary \$	Ending Salary \$
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company:	Phone:	
Address:	Supervisor:	
Job Title:	Starting Salary \$	Ending Salary \$
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you are hired by Forrest County, you will be required to attest to your identity and employment eligibility and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by Forrest County.

I understand that any employment is conditioned on a background check. I authorize Forrest County to thoroughly investigate all statements contained in my application and/or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and all general reputation to Forrest County, without giving me prior notice of such disclosure. In addition, I release Forrest County, any former employers, and all references listed above from any and all claims, demands, and liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed in any interview, is intended to create an employment contract. I further understand that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or Forrest County. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Forrest County unless made in writing.

If I am offered employment, I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by Forrest County and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to Forrest County the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired, a condition of my employment will be that I abide by Forrest County's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate Forrest County to hire me. If hired, I agree to abide by all Forrest County Work rules, policies and procedures. Forrest County retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature:

Date: