



EMPLOYMENT APPLICATION

PIKE COUNTY

P.O. BOX 377

ZEBULON, GEORGIA 30295

(770) 567-3406

Serving Citizens Responsibly

IMPORTANT: READ CAREFULLY BEFORE SIGNING

A. COUNTY STATUS AS AN EMPLOYER

I understand that Pike County is an "at-will" employer, meaning that the employment relationship may be terminated by either the organization or the employee with or without cause and with or without notice. Nothing set forth herein is intended to grant or convey any contractual or otherwise enforceable right to continued employment or to otherwise alter or affect Pike County's status as an "at-will" employer.

B. INFORMATION REQUIREMENT

I understand that the county requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. I understand that false, incomplete, or misleading statements on this application may be considered sufficient cause for dismissal, if and when discovered. I understand that the county will attempt to verify statements on my application and made during the interview.

C. AUTHORIZATION TO RELEASE EMPLOYMENT REFERENCE INFORMATION

I authorize Pike County to contact references and former employers as indicated, and I authorize my previous employers to verify the information on this application and given during the interview process.

D. CONSENT TO PHYSICAL EXAMINATIONS

I consent to a pre-employment physical examination and will, upon request, sign all necessary forms. I understand such physical examination may include medical screening/testing for drug or alcohol abuse. I will sign the medical history release forms necessary so Pike County may complete its background check on my physical condition and suitability for employment or correct job placement.

E. I AGREE TO SUBMIT TO A DRUG TEST AS REQUIRED.

F. I AGREE TO SUBMIT TO A PRE EMPLOYMENT CRIMINAL HISTORY CHECK.

By signing below, I agree that I have read and understand the policy listed above (Items "A" through "F").

Complete Signature of Applicant

Date

Date

Position Applied for _____

Name _____

Last

First

Middle

Address _____

Number

Street

City

State

Zip Code

Home Phone No. _____

Business Phone No. _____

EMPLOYMENT RECORD: In the spaces below, give a COMPLETE record of employment. Start with your present or most recent position and work back to your first job. List all jobs you have had since you left school. Explain any periods when you were not employed. If you worked for the same employer but held different jobs, describe each job separately. If you need more space, use page _____

From: _____, 20 _____ Starting Salary: \$ _____ Name of Firm: _____
To: _____, 20 _____ Ending Salary: \$ _____ Address: _____

Your Job Title: _____ Type of Business: _____
No. of Hrs. Worked per Week: _____

Description of Your Duties: _____

REASON FOR LEAVING _____
Supervisor's Name: _____ Phone #: _____

From: _____, 20 _____ Starting Salary: \$ _____ Name of Firm: _____
To: _____, 20 _____ Ending Salary: \$ _____ Address: _____

Your Job Title: _____ Type of Business: _____
No. of Hrs. Worked per Week: _____

Description of Your Duties: _____

REASON FOR LEAVING _____
Supervisor's Name: _____ Phone #: _____

From: _____, 20 _____ Starting Salary: \$ _____ Name of Firm: _____
To: _____, 20 _____ Ending Salary: \$ _____ Address: _____

Your Job Title: _____ Type of Business: _____
No. of Hrs. Worked per Week: _____

Description of Your Duties: _____

REASON FOR LEAVING _____
Supervisor's Name: _____ Phone #: _____

EDUCATION

	HIGH	COLLEGE/UNIVERSITY	GRADUATE/ TRADE/PROF.
School Name			
Years Completed (Circle)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Study			
Describe Specialized Training, Apprenticeship, skills, and Extracurricular Activities			

Honors Received _____

Do you have a GED? Yes ☐ No ☐ If yes, is it a Military GED? Yes ☐ No ☐

State any additional information you feel may be helpful to us in considering your application:

List any special skills you may have (i.e. CDL's, Word Processing, Heavy Equipment Operator, Etc.)

REFERENCES

Give names of three persons other than relatives or former employers.

NAME	ADDRESS	CITY/STATE/ZIP	TELEPHONE #

Are you a citizen of the United States? Yes ☐ No ☐

If not, do you possess an alien Registration Card? Yes ☐ No ☐

If yes, give Alien Registration Number _____

When would you be available for employment? _____

If you are presently employed, may we contact your employer? Yes ☐ No ☐

Do you have any relatives, including elected officials, employed by Pike County? Yes ☐ No ☐

If yes, list name(s) and the department(s) in which they work _____

Do you have a valid driver's license? Yes ☐ No ☐

State of Issue _____ License Number _____

Class of License _____

Are you a veteran of the U.S. Military Service? Yes ☐ No ☐

If yes, type of discharge _____

Do you have a special licenses or certifications that would qualify you for the position you are seeking? Yes ☐ No ☐

If yes, please list _____

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge. 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, also, that I am required to abide by all rules and regulations of the County.

Complete Signature of Applicant

Date

Return with a seven year Drivers Summary, available from the State Police Annex.

CONTINUE EMPLOYMENT HISTORY HERE