

Irwin County, Georgia

Application for Employment

An Equal Opportunity Employer and Drug Free Work Place

Personal Information

Date: _____ Phone Number: _____

Name:

Last

First

Middle

Present Address

Street

City

State

Zip

Permanent

Address:

Street

City

State

Zip

Are You 18 Years or Older?

Are you related to Anyone in Our Employ?

Referred By

EMPLOYMENT DESIRED

Position

Date You Can Start

Salary Desired

Are You Employed Now

If So May We Inquire of Your Present Employer

Have You Applied to Irwin County Before?

Where

When

EDUCATION

Name & Location of School

Years Attended

Date Graduated

Subjects Studied

High School

College

Trade, Business or

Correspondence

School

Subject of Special Study or Research

What Foreign Languages do you speak fluently?

Read

Write

3. Military Service

Rank

Present Membership in National Guard or Reserves

List below last four employers, starting with last one first

Date Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES: Give the names of three persons not related to you, whom you have known as least one year.

Name	Address	Business	Years Acquainted
1.			
2.			
3.			

PHYSICAL RECORD: List Any Physical Defects

Were you ever injured? _____ Give Details _____

Have you any defects in hearing? _____ In Vision? _____ In Speech? _____

In Case of Emergency, Notify:

Name _____ Address _____ Phone _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

Interviewed By: _____ Date: _____

Remarks: _____
