

# EMPLOYMENT APPLICATION WITH FRANKLIN COUNTY GOVERNMENT

The following information is required in order to help the County make the best possible selection of a candidate for employment. All portions of this application must be completed. We appreciate the time you spend in filling in the application form. The County, in accordance with State and Federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status or disability.

## PRE-EMPLOYMENT QUESTIONNAIRE – AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION				
NAME (LAST NAME FIRST)			SOCIAL SECURITY No.:	
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? Yes _____ No _____	PHONE NUMBER:		ALTERNATE PHONE NUMBER:	

DESIRED EMPLOYMENT		
POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? Yes _____ No _____	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? Yes _____ No _____	
EVER APPLIED TO THIS COUNTY BEFORE? Yes _____ No _____	WHERE?	WHERE?
EVER WORKED FOR TO THIS COUNTY BEFORE? Yes _____ No _____	WHERE?	WHERE?
REASON FOR LEAVING:		
NAME OF LAST SUPERVISOR AT THIS COUNTY:		
WHO REFERRED YOU TO THIS COUNTY? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND		
<input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER		

EDUCATION				
SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED

GENERAL
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

**FORMER EMPLOYERS**NAME OF PRESENT  
OR LAST EMPLOYER

ADDRESS

CITY

STATE

ZIP

STARTING DATE

LEAVING DATE

JOB TITLE

WEEKLY STARTING SALARY

WEEKLY FINAL SALARY

MAY WE CONTACT  
YOUR SUPERVISOR? Yes \_\_\_\_\_

No \_\_\_\_\_

NAME OF SUPERVISOR

TITLE

PHONE

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME OF PREVIOUS  
EMPLOYER

ADDRESS

CITY

STATE

ZIP

STARTING DATE

LEAVING DATE

JOB TITLE

WEEKLY STARTING SALARY

WEEKLY FINAL SALARY

MAY WE CONTACT  
YOUR SUPERVISOR? Yes \_\_\_\_\_

No \_\_\_\_\_

NAME OF SUPERVISOR

TITLE

PHONE

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME OF PREVIOUS  
EMPLOYER

ADDRESS

CITY

STATE

ZIP

STARTING DATE

LEAVING DATE

JOB TITLE

WEEKLY STARTING SALARY

WEEKLY FINAL SALARY

MAY WE CONTACT  
YOUR SUPERVISOR? Yes \_\_\_\_\_

No \_\_\_\_\_

NAME OF SUPERVISOR

TITLE

PHONE

DESCRIPTION OF WORK

REASON FOR LEAVING

HAS YOUR EMPLOYMENT BEEN TERMINATED (OR NOT RENEWED) BY ANY EMPLOYER IN THE LAST 5 YEARS?

IF "YES", PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(PLEASE ATTACH AN ADDITIONAL SHEET IF MORE SPACE IS NEEDED FOR YOU EXPLANATION)

**REFERENCES**

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

THE COUNTY RESERVES THE RIGHT TO CONFER WITH PERSONS LISTED BY YOU AS A REFERENCE, OR WITH ANY OTHER INDIVIDUALS, WITH KNOWLEDGE CONCERNING YOUR TOTAL QUALIFICATIONS FOR THE POSITION. THE COUNTY WILL NOT INQUIRE INTO YOUR FINANCIAL STATUS, RELIGIOUS AFFILIATION, MARITAL STATUS, OR ON OTHER MATTERS UNRELATED TO YOUR QUALIFICATIONS TO FILL THE POSITION FOR WHICH YOU APPLIED. INFORMATION RECEIVED FROM SUCH INQUIRIES WILL BE USED SOLELY FOR DETERMINING YOUR EMPLOYABILITY WITH THE COUNTY AND FOR NO OTHER PURPOSE. THIS INFORMATION WILL NOT BE SHARED WITH ANYONE OTHER THAN THOSE COUNTY REPRESENTATIVES INVOLVED IN THE SELECTION PROCESS. UNLESS YOU ARE WILLING TO AUTHORIZE THE COUNTY TO MAKE SUCH INQUIRIES, YOUR APPLICATION WILL NOT BE CONSIDERED.

I HEREBY CONSENT TO HAVING \_\_\_\_\_ CONTACT ANYONE THAT IT DEEMS APPROPRIATE TO INVESTIGATE OR VERIFY ANY INFORMATION I HAVE GIVEN, OR TO DISCUSS MY BACKGROUND, PAST PERFORMANCE, OR SUITABILITY FOR EMPLOYMENT. I FURTHER CONSENT TO BEING DISCUSSED BY ANY PERSON SO CONTACTED AND I WAIVE ALL RIGHTS TO BRING ANY ACTION FOR DEFAMATION, INVASION OF PRIVACY, OR ANY SIMILAR CAUSE AGAINST ANYONE CONTACTED AS A RESULT OF WHAT HE OR SHE MAY SAY ABOUT ME.

\_\_\_\_\_  
DATE SIGNATURE

BECAUSE OF MY EXISTING EMPLOYMENT, I REQUEST THAT SUCH CONTACTS AND INQUIRIES BE DELAYED UNTIL AFTER \_\_\_\_\_.

\_\_\_\_\_  
DATE SIGNATURE

**SERVICE RECORD**

BRANCH OF SERVICE	DISCHARGE DATE RANK

**BACKGROUND INFORMATION**

THE COUNTY SEEKS INDIVIDUALS FOR EMPLOYMENT WHO WILL BE ROLE MODELS. THE COUNTY IS ALSO CONCERNED WITH PROVIDING A SAFE ENVIRONMENT. AS A CONSEQUENCE, THE COUNTY HAS DETERMINED THAT IT IS NOT ONLY ITS RIGHT, BUT ITS DUTY AS WELL, TO OBTAIN INFORMATION ON AN APPLICANT'S CRIMINAL CONVICTION RECORD. A CONVICTION WILL NOT AUTOMATICALLY DISQUALIFY AN APPLICANT FOR CONSIDERATION. **THE COUNTY WILL NOT ASK, AND YOU ARE NOT REQUIRED TO DISCLOSE, INFORMATION ABOUT EXPUNGED JUVENILE RECORDS OF ARREST AND CONVICTION.** EXCLUDING MINOR TRAFFIC VIOLATIONS SUCH AS SPEEDING, ETC., STATE WHETHER OR NOT YOU HAVE BEEN CONVICTED OF A CRIME.      Yes      No. IF YES, SPECIFY:

TYPE OF OFFENSE

WHEN

COUNTY & STATE

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IF YOU HAVE A CRIMINAL RECORD (A CONVICTION), PLEASE EXPLAIN:

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A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT, AND FACTORS SUCH AS AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, AND REHABILITATION, WILL BE TAKEN INTO ACCOUNT.

**AUTHORIZATION**

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COUNTY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COUNTY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COUNTY REPRESENTATIVE".

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE