

COKE COUNTY

Employment Application

Coke County is an Equal Opportunity Employer

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available			
Position Applied for			
Are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for Coke County?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(Proof of identity and eligibility will be required upon employment)
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If you have ever applied for a bond, has your application been rejected? YES <input type="checkbox"/> NO <input type="checkbox"/>

EDUCATION			
High School	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
College	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

REFERENCES			
<i>Please list three professional references (other than relatives or former employers)</i>			
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 \$	
Responsibilities			
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 \$
Responsibilities	
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 \$
Responsibilities	
From	To Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I understand that employment with Coke County is subject to passing a drug and alcohol test. I understand that Coke County is an "at will" employer, and that the county or employee is free to terminate employment with the other at any time with or without cause or notice. I certify that the answers given herein are true and complete to the best of my knowledge.	
Signature	Date

Personal Data

Last Name

First Name

Middle Name

Current Address

Dates Lived Here

Addresses for the Past 7 Years: (include street, city, state, zip code)

Dates of Residence:

Date of Birth

Other Names Used (including maiden name)

Years Used

Social Security Number

Driver's License #

State

Email Address (may be used for official correspondence)

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name

Applicant Signature

Date

COKE COUNTY

AUTHORIZATION FOR BACKGROUND CHECK

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize Coke County to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Coke County will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the county's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Signature of Applicant

Date

Applicant's Name - Printed