

BRADLEY COUNTY GOVERNMENT EMPLOYEE APPLICATION



We are an Equal Opportunity Employer. We comply with all applicable Federal, State, and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

POSITION(S) APPLIED FOR		APPLICATION DATE
LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS	CITY	STATE ZIP
TELEPHONE	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NO. (IF APPLICABLE)*
DATE AVAILABLE FOR WORK	EMPLOYMENT TYPE <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Co-op	

Were you previously employed by this organization? Yes, Date(s) _____ Department/Position _____ No

List any relatives or friends working for this organization:

NAME	RELATIONSHIP
_____	_____
_____	_____

WORK EXPERIENCE - LIST PRESENT AND FORMER EMPLOYERS BEGINNING WITH MOST RECENT

FROM	TO	COMPANY NAME AND ADDRESS	TELEPHONE
POSITION HELD		DESCRIBE YOUR WORK	
SUPERVISOR AND TITLE		LAST WAGES _____ per ____	REASON FOR LEAVING
FROM	TO	COMPANY NAME AND ADDRESS	TELEPHONE
POSITION HELD		DESCRIBE YOUR WORK	
SUPERVISOR AND TITLE		LAST WAGES _____ per ____	REASON FOR LEAVING
FROM	TO	COMPANY NAME AND ADDRESS	TELEPHONE
POSITION HELD		DESCRIBE YOUR WORK	
SUPERVISOR AND TITLE		LAST WAGES _____ per ____	REASON FOR LEAVING
FROM	TO	COMPANY NAME AND ADDRESS	TELEPHONE
POSITION HELD		DESCRIBE YOUR WORK	
SUPERVISOR AND TITLE		LAST WAGES _____ per ____	REASON FOR LEAVING

May we contact the above employers? Yes No If "No", indicate which one(s) you do not wish us to contact.

Have you served an apprenticeship? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes where?	TYPE OF TRADE	DATES
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DRUG FREE WORKPLACE NOTICE TO APPLICANTS AND EMPLOYEES

SCREENING TESTS FOR ALCOHOL AND ILLEGAL DRUG USE MAY BE REQUIRED BEFORE HIRING AND DURING YOUR EMPLOYMENT HERE.

SPECIAL SKILLS AND QUALIFICATIONS - MECHANICAL AND/OR TECHNICAL EXPERIENCE AND ABILITIES RELEVANT TO THE POSITION FOR WHICH YOU HAVE APPLIED.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> PC/MAC	<input type="checkbox"/> SPREADSHEET	PRODUCTION MOBILE MACHINERY (LIST)	OTHER (LIST)
<input type="checkbox"/> TERMINAL	<input type="checkbox"/> SHORTHAND		
<input type="checkbox"/> TYPEWRITER	<input type="checkbox"/> WPM		
<input type="checkbox"/> WORD PROCESSING	<input type="checkbox"/> WPM		

EDUCATION

NAME	ADDRESS	YEARS COMPLETED	DID YOU GRADUATE	COURSE OF STUDY	
HIGH SCHOOL					
COLLEGE				MAJOR	DEGREE
OTHER					

REFERENCES

NAME AND ADDRESS	TELEPHONE	YEARS KNOWN

MISCELLANEOUS INFORMATION

Have you been convicted of a crime , excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? (A conviction record will not necessarily be a bar to employment.) Yes No
If "Yes" please explain and describe in full detail:

Can you verify your legal rights to work in the U.S. by providing a birth certificate, proof of U.S. Citizenship, or by some other means? Yes No
If you are under 18, are you able to furnish a work permit? Yes No

Are you able to perform the job(s) for which you are applying? Yes No

APPLICANT'S CERTIFICATION - Please read carefully before signing.

I certify that the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that, if I become employed, a misrepresentation or omission of fact in this application may result in my discharge from employment. I authorize the Company, as part of its evaluation of my suitability for employment, to contact all school officials, references, and my previous supervisors to secure information concerning my skills, character and ability.
I further acknowledge and agree that no manager or representative of the Company has any authority to enter into any employment agreement. I understand and agree that, if I am employed, I will be an at-will employee and the Company may terminate my employemnt at any time and for any or no reason without prior notice.

APPLICANT'S SIGNATURE

DATE

DO NOT WRITE BELOW ☐ - FOR COMPANY USE ONLY

INTERVIEWED NO DATE _____ TIME _____
 YES

EMPLOYED NO DATE EMPLOYED _____
 YES

REMARKS

JOB TITLE _____ DEPARTMENT _____

HOURLY RATE/SALARY _____ ACCOUNT/LINE # _____

Interviewed By _____ DATE _____

BY: _____
NAME AND TITLE DATE

**BRADLEY COUNTY GOVERNMENT
EMPLOYEE APPLICATION**



I, _____ am applying for a position with Bradley County Government. I understand that employment with certain departments, such as Juvenile Court, Juvenile Detention, Sheriff's Department, and EMS require a background check through the N.C.I.C., before I am considered for this position. I voluntarily give the following information and grant Bradley County Government to complete a background check. I further understand that this information shall become part of my personnel file and remain confidential.

Print full name (include maiden name)

Social Security #

Date of Birth

Signature

Date