



# Ben Hill County Georgia

Application for Employment  
[www.benhillcounty.com](http://www.benhillcounty.com)

**Ben Hill County is a Drug Free Workplace...**

Date of application \_\_\_\_\_

We offer assistance to applicants who may need reasonable accommodations with the application and/or interview process. Please notify a representative of our Human Resources Department if you need assistance.

Position applied for \_\_\_\_\_

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_

Email \_\_\_\_\_

- Have you previously been employed with Ben Hill County?  Yes  No
- Are you legally eligible for employment in the United States?  Yes  No
- Are you able to meet the attendance requirements for this position?  Yes  No
- Have you ever pled "**guilty**" or "**no contest**" to, or been convicted of a crime?  Yes  No

If yes, please provide date(s) and details. \_\_\_\_\_

Type of employment desired  Full-time  Part-time  Temporary  Seasonal  Ed. Co-Op

On what date can you begin working \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

**Employment History:** Please provide the following information of your past three (3) employers, starting with the most recent.

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Job Title \_\_\_\_\_ Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Job Responsibilities \_\_\_\_\_

May we contact them?  Yes  No  Later

Reason for leaving \_\_\_\_\_

Hourly Rate/Salary Start \$ Per Hour \_\_\_\_\_ Final \$ Per Hour \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Job Title \_\_\_\_\_ Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Job Responsibilities \_\_\_\_\_

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Job Title \_\_\_\_\_ Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Job Responsibilities \_\_\_\_\_

May we contact them?  Yes  No  Later

Reason for leaving \_\_\_\_\_

Hourly Rate/Salary Start \$ Per Hour \_\_\_\_\_ Final \$ Per Hour \_\_\_\_\_

**Skills and Qualifications:** List any training, skills, licenses and/or certificates that my qualify you as being able to perform job related functions in the position for which you are applying:

Skills \_\_\_\_\_

#### Educational Background

- High School Name & Location \_\_\_\_\_
- GED \_\_\_\_\_
- College Name & Location \_\_\_\_\_
- Other Name & Location \_\_\_\_\_

#### References

Name _____	Phone Number _____	Number of Years Known? _____
Name _____	Phone Number _____	Number of Years Known? _____
Name _____	Phone Number _____	Number of Years Known? _____

#### Applicant Statement

I certify that all information I have provided in order to apply for and secure work with Ben Hill County is true, complete, and correct. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application or immediately discharge from Ben Hill County service, whenever it is discovered. I expressly authorize, without reservation, Ben Hill County, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview.

I hereby waive any and all rights and claims I may have regarding Ben Hill County, its agents, employees, or representatives, for seeking gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me. I understand that Ben Hill County does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting to excusing any application from consideration for employment on a basis of applicable local, state, or federal law.

I understand that this application remains active for 6 months. At the conclusion of that time, if I have not received an employment offer from Ben Hill County and still wish to be considered for employment in another position, it will, be necessary for me to reapply by filling out a new application. If I am hired, I understand that I will be under probationary status/working test for a minimum of 6 months and hat my employment can be terminated at will or without cause during this time except as m y be required by law. I also understand that I am to resign at any time, with or without cause and without prior notice. This application does not constitute an agreement or contract for employment for any specified period or definite duration.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form.

**Do Not Sign until you have read the above application statement.**

I certify that I have read, fully understand and accpet all term of the forgoing Application Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**BEN HILL COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER**