

Catoosa County Solicitor General's Office

Maple Street Ringgold, GA 30736 706-965-4477 Fax: 706-965-3181

APPLICATION FOR EMPLOYMENT

Read this section before completing the application:

The Solicitor General's Office is firmly committed to a policy of Equal Employment Opportunity and does not discriminate against applicants because of race, color, religion, age, national origin, sex or disability.

Applicants will be subject to a pre-hire background/criminal history check.

The Solicitor General's Office maintains a Drug Free Workplace and applicants may be subject to a pre-hire drug screen as well as random drug and alcohol testing as required under the Catoosa County Substance Abuse Policy.

Any offer of employment is conditional pending a clean background/criminal history check and negative drug test.

I understand that my application will be considered active during the next (60) days. If I wish to be considered for job vacancies occurring after that period of time, I must renew my application.

ALL INFORMATION SUBMITTED MAY BE SUBJECT TO PUBLIC REVIEW UNDER THE GEORGIA OPEN RECORDS ACT.

I UNDERSTAND THE INFORMATION LISTED ON THIS PAGE AND CONSENT TO THE BACKGROUND CHECKS AND TESTING OUTLINED ABOVE.

Date:		
	Applicant's Signature	

Note: Georgia Smoke Free Air Act 2005 Smoking shall be prohibited in all enclosed public places in the state except as permitted in Code Section 31-12A-1, et seq.

Your answers must be typewritten or clearly PRINTED IN INK. EACH QUESTION MUST BE ANSWERED. If a question does not apply to you, place the letters NA directly behind the question number. Please attach additional pages if additional space is needed to provide a complete answer.

THE POSITION FOR WHICH YOU ARE APPLYING: Administrative Assistant

Your Full Name (Last, First, Middle):				
E-mail address (if available):				
Your Present Home Address:				
Street and Number	<u> </u>	Apartment Number)		
City,	State,	Zip Code		
Telephone Number: ()_				
Person to notify in case of emerger				
Name:				
Address:				
Telephone Number:				
Relationship:				

List ALL of your residences for the past ten (10) years, beginning with the most recent. Include college and/or military residences:

Date From	Date To	Street Address	City	State	ZIP Code
EDUCATION: Please provide any additional information not included on your resume					

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<u>EMPLOYMENT</u>: Please provide a complete work history, including summer and part-time jobs, for the past ten (10) years. Attach additional sheets as required. PLEASE COMPLETE THIS SECTION EVEN IF YOU HAVE INCLUDED A RESUME.

Name of Employer:			
		Date To:	
Salary:	Title:		
Name of Supervisor:			
Reason for Leaving:			
Street Address:			
City, State, ZIP:			
		Date To:	
Salary:	Title:		
Name of Supervisor:			
Name of Employer:			
Street Address:			
		Date To:	
Salary:	Title:		
Name of Supervisor:			

Name of Employer:	
Street Address:	
City, State, ZIP:	
	_ Date To:
Salary: Title:	
Name of Supervisor:	
Reason for Leaving:	
May we contact your present employer? Yes	No (place X in appropriate box)
Have you ever been dismissed or asked to resign held? Yes No (place X in appropri	
Employer's Name:	Date:
Reason:	
PERSONAL REFERENCES:	
NAME:	
Address:	
Telephone:	
Relationship:	
NAME:	
Address:	
Telephone:	
Relationship:	

NAME:
Address:
Telephone:
Relationship:
MILITARY RECORD: Have you ever served on active duty in the armed forces of the United States?
Branch:
Are you now a member of the active reserves or National Guard?
d. Service Branch and Status
14. List any additional employment, job-related skills, abilities, training or experiences that might qualify you for a position. Use additional sheets if necessary.

I understand that all appointments are probationary for a period of one (1) year, during which time I must demonstrate my fitness for continued employment. I am further aware that willfully withholding information or making false statements on this application will be a basis for denial of a position prior to employment, and should such willful withholding or false statement become evident after appointment, such evidence will constitute sufficient grounds for dismissal from service with the Catoosa County Solicitor General's Office. I further understand that if I am selected for employment with Catoosa County Solicitor General's Office that I must comply with the provisions of the Immigration Reform and Control Act of 1986 by providing documentary proof of identity and employment authorization prior to commencement of work. I fully understand and agree to these conditions. I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge. I authorize Catoosa County Solicitor General's Office to investigate my previous work performance and to confirm any knowledge, skills and abilities required to qualify me for the position for which this application is submitted.

If you ar	re selected for this position	, on what date will you be available?	
This	day of	, 20	
Applica	nt's Signature:		