



**EMPLOYMENT APPLICATION**  
 Pulaski County Government  
 45 South Lumpkin Street – Hawkinsville, GA 31036  
 478-783-4154  
 Fax: 478-783-9209  
[www.pulaskico.com](http://www.pulaskico.com)  
 Pulaski County is an Equal Opportunity Employer  
 Pulaski County is a Drug Free Employer

<b>Position Applying For:</b> (An application is required for each position)			
<b>Personal Data</b>			
Name (Last)		(First)	(Middle)
Address: (Street)		(City)	(State) (Zip)
Home Telephone:	Other Phone:	Email Address:	Date Available for Employment:
Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>		Would you accept shift or night work? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any relatives working for Pulaski County? If yes, List names, relationship and the department:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been or are you now employed with Pulaski County Government? If yes, which department and dates employed:		Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>Education</b>				
High School				
Did you graduate from High School? Yes <input type="checkbox"/> No <input type="checkbox"/>			High School Name:	
If not, do you have a GED? Yes <input type="checkbox"/> No <input type="checkbox"/>			City, State	
Check Highest Grade Completed:    9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>				
Specialty Courses:				
College				
Name and Location of College/University/Tech	Major Courses of Study	Semester/Qtr Hours Completed	Years Completed	Type of Certificate or Degree Received:
Military Service				
Branch of Service:			Branch of Service:	
Dates Served:			Dates Served:	
Type of Discharge:			Type of Discharge:	

## Employment History

Provide your employment history beginning with your present or most recent job. If you were self-employed, give firm name. Include any military or volunteer work. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes and phone numbers for all employers listed is necessary.

**A resume may be attached only as additional information and will not be accepted in lieu of completing this section.**

### Employment #1

Dates Employed (Mo/Yr) To	Company Name	Company Phone	Starting Salary	Ending Salary
Job Title	Company Address		Supervisor Name	

Duties & Responsibilities:

Reason for leaving:

May we contact this employer? Yes  No

### Employment #2

Dates Employed (Mo/Yr) To	Company Name	Company Phone	Starting Salary	Ending Salary
Job Title	Company Address		Supervisor Name	

Duties & Responsibilities:

Reason for leaving:

May we contact this employer? Yes  No

### Employment #3

Dates Employed (Mo/Yr) To	Company Name	Company Phone	Starting Salary	Ending Salary
Job Title	Company Address		Supervisor Name	

Duties & Responsibilities:

Reason for leaving:

May we contact this employer? Yes  No

### Employment #4

Dates Employed (Mo/Yr) To	Company Name	Company Phone	Starting Salary	Ending Salary
Job Title	Company Address		Supervisor Name	

Duties & Responsibilities:

Reason for leaving:

May we contact this employer? Yes  No

**Driving History**

Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>	Issuing State?	License No.	Expiration Date
Do you have a commercial driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>	Issuing State?	Type?	License No.
			Expiration Date

**Skills and Training**

Are you able to speak any other languages besides English (If yes, please list language):

What special skills, qualifications or certifications have you gained from former employers or other experiences which relate to the type of work for which you are applying?

**Pre-Employment Drug Testing Acknowledgement**

I hereby acknowledge and understand that, as part of my application for employment I must submit to a drug test. I acknowledge and understand that any offer of employment is contingent on the passing of the aforementioned drug test and I will not be assigned to perform any job unless my drug test has a verified negative result having no evidence of prohibited drug use.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your application will not be considered for employment unless this acknowledgement is completed and signed.

**Pre-Employment Motor Vehicle Record Authorization**

I hereby acknowledge and understand that, as part of my application for employment I must submit to a Motor Vehicle Record (MVR) specified grading requirements. This MVR policy applies both to drivers of county-owned vehicles and employees using personal vehicles in the course of their employment as well. Employee MVR's will be examined prior to the date of employment and every three (3) years thereafter. Any job offer made where the job requires a valid driver's license will be contingent upon a MVR meeting the required standards.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your application will not be considered for employment unless this acknowledgement is completed and signed.

**General Information**

Can you submit legal verification of your right to work in the United States?  
 (In accordance with the Immigration Reform and Control Act of 1986, proof of authorization to be employed in the United States will be required of all prospective employees. Failure to establish such proof will prohibit or discontinue employment.)

Yes  No

Have you ever been convicted of or pleaded guilty or nolo to a felony or misdemeanor?

Yes  No

If Yes, when:

Where:

For What:

**Applicant's Statement**

I certify that the information given in this application is true and complete to the best of my knowledge. I understand that this is not a contract of employment. I further understand that should employment be offered, my employment and compensation may be terminated with or without cause at any time by either the County or myself. I understand that submission of the application in no way assures me a position and that no County representative has the authority to enter into any employment agreement with me contrary to the foregoing.

Employment with Pulaski County is contingent upon successfully passing a drug screening that is provided at no cost to the applicant/employee.

I understand that failure to submit a complete application may disqualify me from consideration for a position.

I understand that any untrue statement in the application may result in my dismissal at any time during my employment with Pulaski County.

I authorize the release of high school and college transcripts, information concerning my previous employment and any information my former employers may have pertinent to the application and the employment procedures of Pulaski County. I release all parties from all liability for any damage that may result from requesting, providing, processing, retaining or releasing any information about me. A photographic copy of this authorization shall be as valid as the original.

I understand that resumes, letters of references, certificates, etc., submitted with the application become the property of Pulaski County and cannot be returned. The information I have provided on the application is subject to public disclosure under the Georgia Open Records Act.

I understand that disclosure of my Social Security number on this application for employment is voluntary, that this information is solicited pursuant to the employer's policies, and that it is intended to be used for the purposes of identification and tracking by the employer in employment transactions.

By signing this application, I hereby acknowledge that I understand and agree to all provisions outlined herein.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Pulaski County Government does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.