



WALTON COUNTY EMPLOYMENT APPLICATION

303 South Hammond Drive, Suite 331
Monroe, Georgia 30655

Office: 770-267-1329, Fax: 770-267-1415, Job Line: 770-267-1329 option "2"
Email: hr.resume@co.walton.ga.us Website: www.waltoncountyga.gov

Positions Applied For:

1. _____
2. _____
3. _____
4. _____

Walton County considers applicants for all positions without regard to race, color, religion, gender, national origin, age or disability. Fill in all items thoroughly. Your answers determine whether you will be considered for this position. We cannot accept incomplete, undated or unsigned applications. Applications will only be accepted for posted positions.

WALTON COUNTY IS A DRUG FREE WORKPLACE!

PERSONAL DATA

Please print in black or blue ink or type – DO NOT use pencil.

Last Name: _____ First Name: _____ Middle or Maiden Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email Address: _____

Will you accept: Temporary Work? _____ Shift Work? _____
 Part Time Work? _____ Weekends/Holidays? _____

Are you legally eligible to work in the United States?

**Note: If offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in a determination that the applicant is ineligible for employment in the United States.*

Have you ever been employed by Walton County Government before? ____ If YES, when and where?

Do you have any relatives who are currently employed with Walton County Government?

If so, give name, relationship and department in which they are employed:

EMPLOYMENT EXPERIENCE

List the positions that you have held, starting with your most recent one. **THIS SECTION MUST BE COMPLETED IN DETAIL. You are encouraged to attach a resume if you wish, but reference to a resume in lieu of completing this section cannot be accepted and will be considered incomplete. INCOMPLETE APPLICATIONS WILL NOT BE SUBMITTED FOR CONSIDERATION.** Under "duties" describe your job in sufficient detail so that we can determine not only your tasks but also the level of responsibility. If you have had more jobs or wish to add more detail to the "duties" section, complete a separate sheet in the same format and attach.

Name of Organization or Firm:			
From (Month/Year)		To (Month/Year)	
Address:		Telephone Number:	
City:	State:	Zip:	
Total Time Employed (Years & Months):		Official Job Title:	
Supervisor's Name:		Hours Worked Per Week:	
Specific Job Duties:			
Specific Reason For Leaving:			
Beginning Salary: \$	Per:	Ending Salary: \$	Per :

BETWEEN THESE JOBS (IF APPLICABLE): UNEMPLOYED IN-SCHOOL OTHER

Name of Organization or Firm:			
From (Month/Year)		To (Month/Year)	
Address:		Telephone Number:	
City:	State:	Zip:	
Total Time Employed (Years & Months):		Official Job Title:	
Supervisor's Name:		Hours Worked Per Week:	
Specific Job Duties:			
Specific Reason For Leaving:			
Beginning Salary: \$	Per:	Ending Salary: \$	Per :

BETWEEN THESE JOBS (IF APPLICABLE): UNEMPLOYED IN-SCHOOL OTHER

Name of Organization or Firm:			
From (Month/Year)		To (Month/Year)	
Address:		Telephone Number:	
City:	State:	Zip:	
Total Time Employed (Years & Months):		Official Job Title:	
Supervisor's Name:		Hours Worked Per Week:	
Specific Job Duties:			
Specific Reason For Leaving:			
Beginning Salary: \$	Per:	Ending Salary: \$	Per :

BETWEEN THESE JOBS (IF APPLICABLE): UNEMPLOYED IN-SCHOOL OTHER

Name of Organization or Firm:			
From (Month/Year)		To (Month/Year)	
Address:		Telephone Number:	
City:	State:	Zip:	
Total Time Employed (Years & Months):		Official Job Title:	
Supervisor's Name:		Hours Worked Per Week:	
Specific Job Duties:			
Specific Reason For Leaving:			
Beginning Salary: \$	Per:	Ending Salary: \$	Per :

BETWEEN THESE JOBS (IF APPLICABLE): UNEMPLOYED IN-SCHOOL OTHER

Name of Organization or Firm:			
From (Month/Year)		To (Month/Year)	
Address:		Telephone Number:	
City:	State:	Zip:	
Total Time Employed (Years & Months):		Official Job Title:	
Supervisor's Name:		Hours Worked Per Week:	
Specific Job Duties:			
Specific Reason For Leaving:			
Beginning Salary: \$	Per:	Ending Salary: \$	Per :

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the statements made by me on this application are to the best of my knowledge, true, complete and correct. I understand that any misrepresentations or material omission of fact on this or any other document required by Walton County, if employed, may be considered as constituting grounds for disciplinary measures, including dismissal. I further understand that any offer of employment is subject to successful completion of a drug screen and where necessary, other examinations and background investigations. Having applied for employment with Walton County, I do hereby agree and do give my consent that any person, firm or organization listed herein is authorized to furnish Walton County with personal or reference material concerning my character, past employment or any other information they so request and release them from any damages whatsoever for issuing same.

May we contact your present employer? YES NO

You must sign the certification and agreement to enable us to contact prior employers, though we may not contact your present employer.

Signature

Date

NOTE: If you are contacted for an interview and need special accommodations due to a disability, please advise at that time as to the type of accommodation.



WALTON COUNTY GEORGIA HUMAN RESOURCES DEPARTMENT

AFFIRMATIVE ACTION FORM

The following information is sought only to assist the County in analyzing and monitoring its recruitment process in compliance with Federal laws. The information will be kept separately from your application form, and will not be used in employment decisions.

Please check items that apply:

Asian or Pacific Islander

Black (Non-Hispanic)

Hispanic

White (Non-Hispanic)

Position applied for:

Female Male

How did you learn of this job opening?

State Employment Service

Friend/Relative

Newspaper Advertisement

Walk-In

County Bulletin Board

Other _____
(Please Explain)

NAME

DATE

ADDRESS

HOME PHONE

SS#