



# MOULTRIE-COLOQUITT COUNTY PARKS & RECREATION AUTHORITY

## APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

*(PLEASE PRINT)*

Position(s) Applied For	Date of Application
How Did You Hear About Us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend	
<input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address <i>Number</i>	<i>Street</i>	<i>City</i>
	<i>State</i>	<i>Zip Code</i>
Telephone Number(s)		
Email		

Best times to contact you at home are: \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?.....  Yes     No

Have you ever filed an application with us before?.....  Yes     No

If Yes, give date \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been employed with us before?.....  Yes     No

If Yes, give date \_\_\_\_/\_\_\_\_/\_\_\_\_

Do any of your friends or relative other than spouse, work here?.....  Yes     No

Are you currently employed?.....  Yes     No

May we contact your present employer?.....  Yes     No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?.....  Yes     No

*Proof of citizenship or immigration status will be required upon employment*

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \$\_\_\_\_\_

Are you available to work:

Full-Time (please indicate 1 2 3 shift)

Part-Time (please indicate Mornings Afternoon Evenings)

Temporary (please indicate dates available \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)

Are you currently on "lay-off" status and subject to recall?.....  Yes     No

Can you travel if a job requires it?.....  Yes     No

Highest Education Achieved	Name of School	Years Completed
Field of Study (If Applicable)	Degree (If Applicable)	

*WE ARE AN EQUAL OPPORTUNITY EMPLOYER*

*Summarize special job-related skills and qualifications acquired from employment or other experience.*

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*Please provide three references (Name, Phone Number, and Address)*

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**Previous Employment**

Employer:	Employer:
Address:	Address:
Phone Number(s):	Phone Number(s):
Job Title:	Job Title:
Supervisor	Supervisor
Reason for Leaving:	Reason for Leaving:
Dates Worked:	Dates Worked:
Starting and Final Wage:	Starting and Final Wage:
Employer:	Employer:
Address:	Address:
Phone Number(s):	Phone Number(s):
Job Title:	Job Title:
Supervisor	Supervisor
Reason for Leaving:	Reason for Leaving:
Dates Worked:	Dates Worked:
Starting and Final Wage:	Starting and Final Wage:

Only answer this question if you have already been informed about the requirements of the job.

Can you perform the essential functions of the job, for which you are applying?.....  Yes  No

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Sign and Date \_\_\_\_\_