

Liberty Consolidated Planning Commission

100 Main Street, Suite 7520
 Hinesville, Georgia 31313
 Phone: 912-408-2030
 Fax: 912-408-2037

**Jeff Ricketson, AICP**

Executive Director

APPLICATION FOR EMPLOYMENT

The Liberty Consolidated Planning Commission is an Equal Opportunity Employer. All applicants shall be assured of fair and equitable treatment in all terms and conditions of employment, including hiring, training, promotion, and disciplinary action, without regard to political affiliation, race, color, national origin, sex, sexual orientation, age, marital status, disability, military status, or religious creed and with proper regard for their privacy and constitutional rights as citizens.

Please read the entire application and complete by printing in ink. This application must be accurately completed in its entirety and is subject to verification before any offer of employment may be considered. It is the applicant's responsibility to notify the Human Resources Department of any changes to the information provided in this application.

PERSONAL INFORMATION

Last Name		First Name		Middle Initial
Social Security Number (optional)		Home Phone ()		Alternate Phone ()
Street Address		Email		
City		State	Zip Code	
Do you possess a valid Georgia Driver's License? () Yes () No		Are you at least 18 years of age? () Yes () No		
Are you authorized to work in the United States? () Yes () No		Position applied For		
Wage/Salary Expected:		Date available for work:		

Has the LCPC previously employed you? () Yes () No

If so, please list:

Dates of employment: _____ Department _____

Have you ever been convicted of a crime or any other offense? () Yes () No

If yes, please explain:

A CRIMINAL RECORD WILL NOT NECESSARILY EXCLUDE YOU FROM EMPLOYMENT BUT WILL BE CONSIDERED CONSISTENT WITH ANY APPLICABLE STATE OR FEDERAL LAW. FACTORS SUCH AS AGE AT THE TIME OF THE OFFENSE, REHABILITATION EFFORTS, RECENCY, AND SERIOUSNESS OF THE CRIME WILL BE TAKEN INTO ACCOUNT. THE RELATIONSHIP BETWEEN THE OFFENSE AND THE JOB APPLIED FOR WILL ALSO BE WEIGHED.

EDUCATIONAL BACKGROUND

Name of School/Institution, City and State (Please include High School, Technical School, Colleges and Universities attended)	Diploma/Degree Course of Study	Did you graduate?

OTHER RELEVANT COURSES OR MILITARY TRAINING

Course Title	Length of Course	Certificate Received

OFFICE AUTOMATION SKILLS

Typing (wpm) _____ Word Processing _____ Spreadsheet _____ E-Mail _____
Presentation Graphics _____ Database Management _____ Other Applications _____

EMPLOYMENT HISTORY

Please provide the following information about your current and past employer(s). Start with the most recent employer. Experience obtained over ten years ago that is relevant to the position you are applying must be included in your work history summary. Attach additional sheet(s) if necessary. You may include a resume with this application, but **all information on the application must be completed.** **DO NOT STATE “SEE RESUME”.** Use the space provided on the last page to account for any periods of unemployment of one month or more.

May we contact your present employer? () Yes () No

Employer	From (Month/Year)	To (Month/Year)
Address		
Supervisor	Title	Telephone Number, Ext.
Starting Position	Starting Base Pay	
Last Position	Final Base Pay	
Description of duties:		

Reason for leaving: _____		
Employer	From (Month/Year)	To (Month/Year)
Address		
Supervisor	Title	Telephone Number, Ext.
Starting Position	Starting Base Pay	
Last Position	Final Base Pay	
Description of duties:		

Reason for leaving: _____		

EMPLOYMENT HISTORY

Employer	From (Month/Year)	To (Month/Year)
Address		
Supervisor	Title	Telephone Number, Ext.
Starting Position	Starting Base Pay	
Last Position	Final Base Pay	
Description of duties: _____ _____ _____		
Reason for leaving: _____		
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Employer	From (Month/Year)	To (Month/Year)
Address		
Supervisor	Title	Telephone Number, Ext.
Starting Position	Starting Base Pay	
Last Position	Final Base Pay	
Description of duties: _____ _____ _____		
Reason for leaving: _____		

REFERENCES

List four professional references who are not related to you and who would have knowledge of your qualifications for the position in which you are applying.

Reference 1

Name: _____

Address: _____

Occupation: _____

Phone Number: _____ Email: _____

Reference 2

Name: _____

Address: _____

Occupation: _____

Phone Number: _____ Email: _____

Reference 3

Name: _____

Address: _____

Occupation: _____

Phone Number: _____ Email: _____

Reference 4

Name: _____

Address: _____

Occupation: _____

Phone Number: _____ Email: _____

ADDITIONAL SPACE

Please enter information in this space for any items on this form requiring further explanation or to list other special skills, additional experience, periods not worked, or certifications relevant to the position.

I understand and acknowledge that applicants nearing final consideration for employment will be required to submit to a drug/alcohol test. Additionally, I hereby authorize the release of the results of such an examination and others to the LCPC Human Resources personnel and such person or entity they designate with a need to know, or as required by law, for their use in evaluating my suitability of employment. Further, I release the examining facility and the LCPC from any damage that may result from the release of such information.

Permission is granted to the LCPC to conduct an investigation and to solicit information as to my educational and employment history, character and general reputation.

I certify that I have answered the above questions truthfully and have not withheld any information relative to my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements will constitute grounds for not being considered for appointment, or if appointed, for discharge.

I acknowledge reading and understanding the foregoing statements.

Name

date