

EDUCATION:

High School City & State	# of Full Years Work Completed	Degree Awarded	Major/Field
_____	_____	_____	_____
_____	_____	_____	_____
University or College(s) City & State	# of Full Years Work Completed	Degree Awarded	Major/Field
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List special skills, training, certifications and/or fields of work for which you are licensed, registered or certified, and hobbies which may be useful in the performance of the duties of the position for which you have applied: _____

If you did not graduate from high school, have you passed the General Education Development (GED) Test? Yes ___ No ___ If yes, when & where did you complete the GED? _____

RESIDENCES:

List addresses for the past 10 years starting with present address at top:

From Mo. Yr.	To Mo. Yr.	Address of Residence	City, State & Zip Code

EMPLOYMENT INFORMATION:

Have you ever been discharged or requested to resign from any position? Yes ____ No ____

If yes, please give details: _____

In the course of employment, have you ever been disciplined or demoted? Yes ____ No ____

If yes, please give details: _____

List all jobs you have held. Put your present or most recent job first. If you need more space, please attach additional sheets.

Title of present
or last position: _____ Employer: _____
Date Employed: _____ Address: _____
Date Separated: _____ Current/Last Salary: _____
Name/Title of Supervisor: _____
Duties: _____

Reason for leaving: _____

Title of prev. position: _____ Employer: _____
Date Employed: _____ Address: _____
Date Separated: _____ Prev. Salary: _____
Name/Title of Supervisor: _____
Duties: _____

Reason for leaving: _____

Title of prev. position: _____ Employer: _____
Date Employed: _____ Address: _____
Date Separated: _____ Prev. Salary: _____
Name/Title of Supervisor: _____
Duties: _____

Reason for leaving: _____

Title of prev. position: _____ Employer: _____
Date Employed: _____ Address: _____
Date Separated: _____ Prev. Salary: _____
Name/Title of Supervisor: _____
Duties: _____

Reason for leaving: _____

Title of prev. position: _____ Employer: _____
Date Employed: _____ Address: _____
Date Separated: _____ Prev. Salary: _____
Name/Title of Supervisor: _____
Duties: _____

Reason for leaving: _____

CRIMINAL OFFENSE RECORD & LICENSE INFORMATION

Note: Include all offenses other than minor traffic offenses. The following are not minor traffic offenses and must be listed below: DWI, DUI (alcohol or drugs), failure to stop in the event of an accident, and/or driving while license permanently revoked or permanently suspended.

Have you ever been convicted of a felony? Yes _____ No _____ If yes, give details:

Have you ever been placed on probation? Yes _____ No _____ If yes, give details:

Do you possess a valid driver's license? Yes _____ No _____ If yes, please list the:
Number: _____ State issued by: _____ Expiration Date: _____

Was your license ever suspended or revoked? Yes _____ No _____ If yes, state which and give reasons:

Was your license ever restored? Yes _____ No _____ When? _____

Have your driving privileges ever been restricted? Yes _____ No _____ If yes, give details:

REFERENCES:

Give the names of five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality and other qualities.

NAME	ADDRESS	TELEPHONE

Briefly explain your reasons for applying for this position: _____

NOTICE TO APPLICANTS:

Prior to an offer of employment being extended to an applicant, a thorough background check, including a credit check and/or criminal record check, may be conducted. Credit checks are conducted for positions that handle funds, have access to personal property or certain other positions. Upon a job offer being extended and accepted, all candidates are required to participate in a medical screening and drug test prior to employment.

APPLICANT CERTIFICATION:

I hereby certify that each and every statement made on this form is true and complete and I understand that any misstatement or omission of information will subject me to disqualification or dismissal.

I authorize the Burke County Tourism Development Authority to obtain any information regarding my employment, together with any information regarding me whether or not it is in my records. I hereby release this Authority from any liability whatsoever for issuing same. I understand a criminal record check, credit check and related checks will be conducted.

Employment with the Burke County Tourism Development Authority is on an “at-will” basis and is for no definite period and may, regardless of the date or method of payment of wages or salary, be terminated at any time with or without cause. Other than the Authority’s Board of Directors, no other person, irrespective of title or position, has authority to alter the at-will status of any employment or to enter into any employment contract for a definite period of time with anyone. Any agreement altering at-will status must be in writing and signed by the Burke County Tourism Development Authority Board.

This application is not an offer of employment nor should it lead to an expectation of employment.

Signature in Full

Date