

Unified Government
Cusseta-Chattahoochee County, Georgia
P.O. BOX 299
CUSSETA, GA 31805

PLEASE PRINT

EMPLOYMENT APPLICATION

NAME _____ SSN _____

ADDRESS _____ TELEPHONE NO. _____

POSITION APPLYING FOR _____

DRIVER'S LICENSE NO. _____ STATE _____

EDUCATION HIGH COLLEGE GRADUATE

NAME OF SCHOOL

YEARS COMPLETED 9 10 11 12 1 2 3 4 1 2 3 4

COURSE OF STUDY _____ _____ _____

EMPLOYMENT HISTORY **START WITH PRESENT OR MOST RECENT**

EMPLOYER _____	TELEPHONE NO. _____
ADDRESS _____	
JOB TITLE _____	SUPERVISOR _____
DATE EMPLOYED: FROM _____	TO _____ SALARY: STARTING _____
DUTIES PERFORMED _____	
REASON FOR LEAVING _____	MAY WE CONTACT _____
EMPLOYER _____	TELEPHONE NO. _____
ADDRESS _____	
JOB TITLE _____	SUPERVISOR _____
DATE EMPLOYED: FROM _____	TO _____ SALARY: STARTING _____
DUTIES PERFORMED _____	
REASON FOR LEAVING _____	MAY WE CONTACT _____
EMPLOYER _____	TELEPHONE NO. _____
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