

VALDOSTA-LOWNDES COUNTY CONFERENCE CENTER  
AND TOURISM AUTHORITY  
1 Meeting Place  
Valdosta, GA 31601

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, national origin, age, disability, marital status, veteran, sexual orientation, or any other legally protected status.

Position Desired: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Name: \_\_\_\_\_  
Last Name First Name Middle

Address: \_\_\_\_\_  
Street City State Zip

Phone Number \_\_\_\_\_ Social Security \_\_\_\_\_

Do you have relatives working for the Authority? \_\_\_\_\_ If so, please give name and relationship: \_\_\_\_\_

Vehicle Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_



EDUCATION:

Name and Address of School Course of Study Years Completed Diploma/Degree

High School \_\_\_\_\_

College \_\_\_\_\_

Graduate School \_\_\_\_\_

Miscellaneous \_\_\_\_\_

Typing \_\_\_\_\_ wpm Business Machines: \_\_\_\_\_

List special training or experience that might qualify you for the position you are applying for: \_\_\_\_\_



REFERENCES: Give three references (not relatives or former employers who have known you well during the past five (5) years.

(A) Complete Name \_\_\_\_\_ No. of Years Acquainted \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

(B) Complete Name \_\_\_\_\_ No. of Years Acquainted \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

(C) Complete Name \_\_\_\_\_ No. of Years Acquainted \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

EMPLOYMENT EXPERIENCE:

Start with your present of last job and list all jobs for the past five years.

Name, Address & Phone # of Employer	From	To	Annual Salary	Position & kind of work	Name of Supervisor	Reason for leaving
Name Address Phone						
Name Address Phone						
Name Address Phone						
Name Address Phone						
Name Address Phone						

Have you ever been convicted of any crime, other than minor traffic violations? If so, please specify. \_\_\_\_\_

\_\_\_\_\_



I understand all appointments are for probationary period of three (3) months, during which time I must demonstrate my fitness for continued employment. I also understand that any appointment offered me will be contingent upon the result of a complete character and fitness investigation. I am further aware that willfully withholding information or making false statements become evident after appointment, such evidence will constitute sufficient grounds for dismissal from service with the Authority. I fully understand and agree to these conditions. I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

If you application is considered favorable, on what date would you be available for work? \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant as usually written

\_\_\_\_\_  
Date