

APPLICATION FOR EMPLOYMENT

Internal Use Only

Temp. _____ F/P-time _____

Georgetown - Quitman County
Consolidated Government

P.O. Box 114
25 Old School Road
Telephone (229) 334-0903
Fax (229) 334-2151

Email: quitmanco@eufaula.rr.com



POSITION APPLIED FOR:

◆ Georgetown – Quitman County,
P.O. Box 114
25 Old School Road
Georgetown, Georgia 39854 ◆

All information provided on this application **MUST BE COMPLETE** so that all applications can be given equitable consideration. All qualified applicants will receive consideration for employment regardless of race, color, religion, sex, age, national origin or disability. Georgetown – Quitman County will hire only authorized workers, regardless of national origin. This application must be typed or printed. Please complete one application for each position for which you are applying. **YOU MUST SIGN AND DATE YOUR APPLICATION IN INK. RESUMES ARE NOT ACCEPTED IN LIEU OF A COMPLETED APPLICATION.**

INCOMPLETE APPLICATIONS MAY BE REJECTED

Personal Data

Social Security # _____ Salary Requirement: _____

Last Name First (given) Middle Other name(s) under which you have been employed

Address: Street Apt # City State Zip Code

E-mail Address: _____

Telephone: _____
Home Phone # Work Phone # Cell Phone #

How did you hear of this opening? _____ Date available to begin: _____

WILL YOU ACCEPT: Temporary Work? Part-Time Work? Shift Work? Weekend/Holiday?
(Check all that apply)

Are you over 18 years old? _____ Are you eligible to work in the United States either because you are a U. S. citizen or have U. S. government permission to do so? No Yes

NOTE: If offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in a determination that the applicant is ineligible for employment in the United States.

Have you ever worked for us before? No Yes If yes, when and where? _____

Give name, relationship, & department of any relatives who are employed by the Unified Government of. Georgetown – Quitman County.

Do you use tobacco products? No Yes If yes, explain: _____

DRIVER'S HISTORY INFORMATION:

Do you have a valid Drivers License? No Yes

License # _____ Class _____ State _____

Have you received any traffic violations in the past 3 years? No Yes If yes, list type of offense and dates:

CRIMINAL HISTORY INFORMATION:

Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a misdemeanor? (for example: DUI, Bad Checks, etc.) No Yes (Omit non-moving traffic violations/parking tickets and any offense which was finally adjudicated in a Juvenile Court or under a Youth Offender Law). If yes, describe the circumstances: (Date, Place, Charges, Disposition). Use additional sheets if necessary.

Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a felony? No Yes If yes, describe the circumstances: (Date, Place, Charges, Disposition). Use additional sheets if necessary.

NOTE: An applicant convicted of a criminal offense involving the manufacture, distribution, trafficking, or sale of a controlled substance, dangerous drugs or marijuana, or convicted of any felony involving a violent crime such as assault with a deadly weapon, aggravated assault or murder are ineligible for employment with the Georgetown – Quitman County. Such applicants shall be automatically rejected. Applicants convicted of any other felony will be considered on a case-by-case basis. An applicant who has been convicted of any felony or misdemeanor and has received a pardon from the appropriate State Pardons Parole Board shall be eligible for employment with the Unified Government of Georgetown – Quitman County.

Have you ever been suspended, demoted, dismissed or asked to resign from any job? No Yes

If yes, explain in detail: _____

“We are an Equal Opportunity Employer”

EDUCATION

High School

Name _____ Address: _____
 (name of the high school or state authority issuing the diploma or certificate)

Circle highest grade completed: 7 8 9 10 11 12 Graduated? No Yes
 If not a high school graduate, do you have a GED? No Yes

Colleges/Universities

Please complete the following section for post-secondary education (Technical Schools/Colleges/Universities):

Name of School	City	State	If No Degree, Hours Earned		Major	Type of Degree	Degree Earned yes/no
			Quarter	Semester			

Describe any specialized training, qualifications, apprenticeship, skills, and extra-curricular activities which relate to the job for which you are applying. Include office equipment, computer skills, foreign language skills, typing skills, and business equipment or machine operating skills which may relate to the position for which you are applying. **Use additional sheets if necessary.**

REFERENCES – Give names, addresses, and telephone numbers of three (3) references that **ARE NOT** related to you and **ARE NOT** previous employers.

1. _____
 Name Phone #

Address: Street Apt # City State Zip Code

2. _____
 Name Phone #

Address: Street Apt # City State Zip Code

3. _____
 Name Phone #

Address: Street Apt # City State Zip Code

Work History

Describe your work history **beginning with your current or most recent job**. Include military and volunteer experience and periods of unemployment. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes and telephone numbers for all employers are necessary.

A resume may be attached only as additional information and will not be accepted in lieu of completing this section. Use additional sheets if necessary.



Name of Organization or Firm: _____ Telephone: _____

Address: _____
Street

City State Zip Code
Dates Employed:
From Mo/Yr _____ To Mo/Yr _____
Total Time Employed: _____

Name of Your Supervisor: _____ Pay Start: _____ End: _____

Your Official Job Title: _____

Specific Reason for Leaving: _____

Describe Your Specific Job Duties: _____



Name of Organization or Firm: _____ Telephone: _____

Address: _____
Street

City State Zip Code
Dates Employed:
From Mo/Yr _____ To Mo/Yr _____
Total Time Employed: _____

Name of Your Supervisor: _____ Pay Start: _____ End: _____

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Specific Reason for Leaving: _____

Describe Your Specific Job Duties: _____



Name of Organization or Firm: _____ Telephone: _____

Address: _____

Street

Dates Employed:

From Mo/Yr _____ To Mo/Yr _____

City

State

Zip Code

Total Time Employed: _____

Name of Your Supervisor: _____ Pay Start: _____ End: _____

Your Official Job Title: _____

Specific Reason for Leaving: _____

Describe Your Specific Job Duties: _____



Name of Organization or Firm: _____ Telephone: _____

Address: _____

Street

Dates Employed:

From Mo/Yr _____ To Mo/Yr _____

City

State

Zip Code

Total Time Employed: _____

Name of Your Supervisor: _____ Pay Start: _____ End: _____

Your Official Job Title: _____

Specific Reason for Leaving: _____

Describe Your Specific Job Duties: _____



Please use this space for additional information pertinent to your education, training and experience:

Alcohol and Controlled Substance Testing

As a condition of employment with the Unified Government of Georgetown – Quitman County, you will be required to submit to an alcohol and controlled substance test. Employees must, as a condition of employment, abide by our policies regarding the effects of drug use and the unlawful possession of controlled substances. Employees are expected to report for work without the effects of illegal drugs and alcohol in their bodily systems. Employees must report any conviction under a criminal drug statute for such violations. A report of the conviction must be made within five (5) days after the conviction. (This requirement is mandated by the Drug-Free Workplace Act of 1988). In order to be employed by the Unified Government of Georgetown-Quitman County, you must successfully pass the aforementioned testing.

By signing this form, I acknowledge the above and consent to such an examination and test.

Date: _____ Signature: _____



Applicant's Certification and Agreement

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I am aware that the falsification of this application or the omission of complete information will result in disqualification, or upon discovery, termination of employment. The Unified Government County of Georgetown-Quitman County is hereby authorized to make any investigation of my prior educational and work history. Finally, I agree that all records generated for purposes of employment are property of and shall remain the sole and exclusive property of the Unified Government of Georgetown-Quitman County.

Date _____ Applicant's Signature _____

Resumes, letters of reference, etc. submitted with the application become the property of the Unified Government of Georgetown-Quitman County and will not be returned. The information you have provided on the application is subject to public disclosure under the Georgia Open Records Act.

ALL OFFICIAL APPLICATIONS MUST CONTAIN ORIGINAL SIGNATURES.

**THE UNIFIED GOVERNMENT OF GEORGETOWN - QUITMAN COUNTY
HUMAN RESOURCES DEPARTMENT
AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD**

I understand that driving an Georgetown - Quitman County vehicle (or my own vehicle, as required) is a requirement of the position I am being considered for and that having and maintaining a satisfactory driving record is a condition of my employment. I hereby authorize the Georgetown - Quitman County Human Resources Department, within twelve (12) months of this date, to obtain any information in my files pertaining to my driving record for the time period indicated below.

This release is executed with full knowledge and understanding that the information is for official use of the Georgetown - Quitman County Human Resources Department for purposes of employment or underwriting of insurance and will not be used for any other purpose.

Consent is granted for the Human Resources Department to furnish such information as described above to third parties in the course of fulfilling its official responsibilities.

COMPLETE ONLY IF VALID DRIVER'S LICENSE IS REQUIRED FOR THE POSITION YOU ARE APPLYING FOR

Full Name: _____
<input type="checkbox"/> Male <input type="checkbox"/> Female
(Print)
Date of Birth: _____ Driver's License Number: _____
State Where Issued: _____
Driver's License Expiration Date: _____ Request: Three-year <input checked="" type="checkbox"/> Seven-Year _____
Signature: _____
Date: _____
Sworn to and Subscribed Before Me
This _____ Day of _____, 20_____
Notary Public: _____
Notary Expiration: _____

INVESTIGATION AUTHORIZATION & ORDER FORM

Under the applicable provisions of the federal Fair Credit Reporting Act (FCRA), notice is hereby given that a consumer report or investigative consumer report may be made which may include information pertaining to your employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, and personal characteristics. This report may also include information pertaining to a commercial driver's license and commercial driving work history which, under provisions of the United States Department of Transportation, can include inquiries into drug and alcohol testing and as referenced in FMCSRS Parts 382.413 and 391.21 An investigation into your workers' compensation and/or industrial accident background may also be conducted according to the provisions of the Americans with Disabilities Act (ADA). This entire report will be used for employment purposes only, and will be processed by LABORCHEX Companies, an employment screening service, 2506 Lakeland Drive #200, Jackson, MS 39232, 800-880-0366. LABORCI-IEX conducts business according to all applicable federal and state laws. LABORCHEX agrees to use its best and most precise efforts to furnish its clients (a "client" is defined as a business, company, or organization which contracts with LABORCHEX to provide employment screening services to them) with accurate, current, complete, and reliable information based on such information as it is reasonably available and obtained via applicable public records sources and/or information services utilized by LABORCHEX. Sources also include contact by phone, FAX, U.S. Mail, and electronic mail of an applicant's previous employers, education officials, and other individuals who can provide accurate verification and confirmation of the applicant's background. However, LABORCHEX cannot guarantee the accuracy of the information provided by these sources, which include courts, public record databases, commonly accepted information sources, and individuals, including previous employers.

PRIVACY NOTE: LABORCHEX does not distribute details of employment applications or results to anyone other than the client that requested the background investigation. Information provided by applicants is held by LABORCHEX in strict confidence according to all federal laws.

You are further advised that LABORCHEX does not counsel its clients regarding their hiring policies and procedures. LABORCHEX will not have any knowledge as to why you have been offered a position or the reasons why you were denied employment, and will not be responsible or liable for actions taken by its client. Under the provisions of the FCRA, you have the right to dispute information provided in a report and, after providing proper identification, you can request a copy of such report(s), including details about the sources of information. Such information will be provided to you at no cost within 30 days after receiving your request. The company, business, or organization at which you applied will provide this information for employment. Upon your request, LABORCHEX will provide additional details regarding your employment screening report, particularly the names of specific resources used to gather information, such as courts, public record databases, commonly accepted data sources, and individuals.

I, the undersigned, have read and fully understand the above notice. I hereby authorize LABORCHEX to investigate my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, personal characteristics, and information pertaining to a commercial driver's license and commercial driving work history, including inquiries into drug and alcohol testing and use. I authorize LABORCI-IEX to verify the facts stated by me on the attached application and/or resume. I agree not to hold LABORCHEX responsible in any manner for errors in information provided to LABORCHEX by any of the sources LABORCHEX uses to obtain such information about my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, and personal characteristics. I also agree not to hold LABORCHEX responsible for reports deemed by me to be incorrect, when LABORCI-IEX has, in good faith and according to its established lawful practices, based its information on sources it normally utilizes, such as those listed above.

Date: _____ Print Name _____

Applicant Signature _____ Soc. Sec.# _____

Address: _____

Date of Birth (for criminal and driving record checks) _____ DL#: _____ State _____

BELOW IS FOR COMPANY USE ONLY

Company: Georgetown-Quitman County Commission **Date** _____

CHECK SCREENINGS REQUIRED FOR THIS APPLICANT

- | | |
|---|--|
| <input type="checkbox"/> Previous Employment Verification | <input type="checkbox"/> Driving Record Check |
| <input type="checkbox"/> D.O.T. ___ (Special Screening for Commercial Drivers)* | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Education Verification | <input type="checkbox"/> Employment Credit Report |
| <input type="checkbox"/> Professional/Personal References* | <input type="checkbox"/> National Address Search & Social Security # |
| <input type="checkbox"/> Professional License & Credential Check* | Validation |
| <input type="checkbox"/> Official Education Transcripts | |
| <input type="checkbox"/> CRIMINAL RECORD CHECKS (below) | |
| <input type="checkbox"/> CrimeChex Multi-State Index Check | |
| <input type="checkbox"/> List Other Jurisdiction To Be Checked Here: | |
| <input type="checkbox"/> Nationwide Federal Violations Criminal Record Check | |

Signature of Official Authorizing Investigation _____