

APPLICATION FOR EMPLOYMENT

APPLING COUNTY BOARD OF COMMISSIONERS

69 Tippins St., Ste 201

Baxley, GA 31513

(912) 367-8100

WE PROVIDE A DRUG FREE WORKPLACE

We consider applications for all positions without regard to race, color, religion, sex (including pregnancy, sexual orientation and gender identity), national origin, age, disability, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____
Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)	E-mail	

Best time to contact you at home is:	_____ : _____	AM PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
..... If Yes, give date _____		
Have you ever been employed with us before?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, give date _____		
Do any of your friends or relatives, other than spouse, work here?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you lawfully authorized to work in the United States?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date available for work ___/___/___	What is your desired salary range? _____	
Are you available to work:	<input type="checkbox"/> Full-Time	(please indicate 1 2 3 shift)
	<input type="checkbox"/> Part-Time	(please indicate Mornings Afternoon Evenings)
	<input type="checkbox"/> Temporary	(please indicate dates available ___/___/___ - ___/___/___)
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, sex (including pregnancy, sexual orientation and gender identity), national origin, age, disability, citizenship status, genetic information or any other legally protected status.

1.	Employer	Dates Employed	From	To
	Address	Work Performed		
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed	From	To
	Address	Work Performed		
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed	From	To
	Address	Work Performed		
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed	From	To
	Address	Work Performed		
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal sex (including pregnancy, sexual orientation and gender identity), race, color, citizenship status and genetic information, religion, national origin, age, disability or other protected status:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.



ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? YES NO

REFERENCES

- _____ (_____) _____ Phone # _____

(Name)

_____ (Address)
- _____ (_____) _____ Phone # _____

(Name)

_____ (Address)
- _____ (_____) _____ Phone # _____

(Name)

_____ (Address)

NAME: _____ POSITION: _____ DATE: ____ / ____ / ____

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize APPLING COUNTY BOARD OF COMMISSIONERS to conduct an inquiry for
Agency/Company
 the purpose listed below and receive any Georgia and/or national criminal history record information
 as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for 180 days from date of signature.

I, _____, give consent to the above-named
 entity to perform periodic criminal history background checks for the duration of my employment.

_____ Signature	_____ Date
_____ Attorney for Individual (Pur E and U Only)	_____ Date
_____ Bar Number	

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & Ill Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & Ill Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____
 Wanting Agency Telephone: _____

 Agency Designee Signature and Title