

Heard County Government
215 E. Court Square, Rm. # 15
Franklin, Georgia 30217
Telephone: (706) 675-3821
Fax: (706) 675-2493

Internet Address: www.heardcountyga.com

APPLICATION FOR EMPLOYMENT

Position or Job Title Applied For: _____

• Human Resources Department, Heard County Courthouse, 215 E. Court Square, Franklin, Georgia 30217 •

We consider applicants for all positions without regard to race, color, sex, religion, national origin, age, marital or veteran status, the presence of a disability or any other legally protected status.

Personal Data

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: _____

Business

Residence

Social Security Number

WILL YOU ACCEPT: Temporary Work? Part-Time Work? Shift Work? Weekend/Holiday?

What is the minimum salary you will accept for this position? _____

Are you 18 years old or older? _____ 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 currently employed with Heard County Government _____

Are you able to perform the job duties listed for the position *you* are applying for without an accommodation?

Yes No If no, what accommodation is needed? _____

If required by this position, do you have a valid driver's license? No Yes

License # _____ Type _____ State _____

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

Have you ever been convicted of an offense against the law or are you now under charges for any offense against the law? (Omit non-moving traffic violations and any offense which was finally adjudicated in a Juvenile Court or under a Youth Offender Law).

NO Yes If Yes, give complete details: (Date, Place, Charges, Disposition) _____

NOTE: A conviction will not necessarily bar you from employment. Each conviction will be judged on its own merits with respect to time, circumstances and seriousness.

"We are an Equal Opportunity Employer"

EDUCATION

Do you have a high school diploma or its equivalent (G.E.D./USAFI Certificate)? NO YES

If yes, please list the name and address of the high school or state authority issuing the diploma or certificate.

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

Name of School	City	State	Hours Earned		Major	Degree	Date Received
			Quarter	Semester			

Describe any specialized training, apprenticeship, skills, and extra-curricular activities. Include office equipment, computer skills, foreign language skills, and special honors that may relate to the position for which you are applying.

REFERENCES - Give names, addresses, and telephone numbers of three (3) references who 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. 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. Have you ever been disciplined, fired, or asked to resign from any job? No Yes If yes, why? _____

Company Name: _____	Telephone: _____
Address: _____	Employment Dates:
_____	From _____ to _____
Name of Supervisor: _____	Annual Salary: _____
Position Held: _____	Reason for Leaving: _____
Describe Your Duties: _____	

Company Name: _____	Telephone: _____
Address: _____	Employment Dates:
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Position Held: _____	Reason for Leaving: _____
Describe Your Duties: _____	

Company Name: _____	Telephone: _____
Address: _____	Employment Dates:
_____	From _____ to _____
Name of Supervisor: _____	Annual Salary: _____
Position Held: _____	Reason for Leaving: _____
Describe Your Duties: _____	

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

(Please duplicate this page if needed)

Applicant's Certification and Agreement

Authorization to Release Information

Conditions of Employment

I hereby declare the information provided by me in this application is true and complete, and I understand that misrepresentations, omissions of facts, or falsification of this information are grounds for refusal to hire, or if hired, termination.

I authorize any persons or organizations to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to you.

I authorize you to request, receive, and verify all information given in this application.

If I am employed by the Heard County Government, I agree to conform to the policies, rules and regulations of the government set forth in the Heard County Government's Personnel System, employee handbook, policies, and ordinances; and acknowledge that these policies, rules, and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option.

I further acknowledge that if I become employed with Heard County Government, my employment will be at-will and may be terminated with or without cause at any time by me or by the employer until I become a non-probationary, regular employee.

If required by Heard County Government for the position I am applying, I consent to undergo a physical examination, after I have been offered employment, as deemed necessary.

THIS APPLICATION WILL REMAIN ACTIVE FOR NINETY (90) DAYS ONLY UNLESS RENEWED PERSONALLY BY ME IN WRITING.

May we contact your present employer? No Yes Presently not employed

You must sign the "Authorization to Release Information" form to enable us to contact prior employers, even though we may not contact your present employer.

Date: _____ Signature: _____



****Heard County Government is a Drug Free Workplace**
Alcohol and Controlled Substance Testing**

As a condition of employment with Heard County Government , you will be required to submit to an alcohol and controlled substance screening test. In order to be employed by the Heard County Government, you must successfully pass this screening test. Candidates rejected for failing to pass the required screening will be required to wait at least 12 months before reapplying for employment. Employees must, as a condition of employment, abide by the Heard County Substance Abuse / Drug Testing Policy. Employees who are indicted for, or convicted of, a controlled substance related violation under state or federal law, or who plead guilty or no contest to such charges must inform their Supervisor or Human Resources in writing within five days of the conviction or plead (this is a requirement of the Drug Free Workplace Act of 1988). **Should you be offered a job with Heard County Government, your position will be subject to post accident and reasonable suspicion testing. All safety sensitive positions will be subject to random drug and alcohol testing. These requirements are in accordance with the County's Substance Policy.**

By signing this form, you are acknowledging that you consent to such an examination and screening test.

Date: _____ Signature: _____

CONFIDENTIAL

**HEARD COUNTY GOVERNMENT
HUMAN RESOURCES DEPARTMENT**

It is the policy of the Heard County Government to ensure equal opportunity in employment and promotion. This policy will be administered without regard to race, religion, color, national origin, marital or veteran status, sex, age, or disability.

For equal employment opportunity (EEO) statistical data, we request *the* following information. All information will be considered strictly private and confidential and will be used for EEO purposes only. This form is not part of the application for employment. **Failure to complete this form will not affect your application for a position.**

Your cooperation is appreciated. If you prefer not to reply, leave this sheet blank.

If you have questions, please contact the Human Resources Department at **706-675-3821**.

Position applied for: _____

Male _____ Female _____ Age _____

WITH WHICH ETHNIC GROUP DO YOU MOST IDENTIFY?

- 1. ___ Black - Not of Hispanic Origins.
- 2. ___ Caucasian - Includes origins in Europe, *North* Africa, Middle East; not Hispanic or East Indian.
- 3. ___ Hispanic - Includes origins of Mexican, Puerto Rican, Central American, South American or other Spanish cultures.
- 4. ___ American Indian/Alaskan Native
- 5. ___ Asian/Pacific Islander
- 6. ___ Other

REFERRAL SOURCE:

- 1. ___ Atlanta Journal
- 2. ___ Job Line
- 3. ___ Walk-In
- 4. ___ Job Posting Board
- 5. ___ Job Fair
- 6. ___ Friend or Relative
- 7. ___ Current Employee
- 8. ___ State Department of Labor
- 9. ___ Professional Journal
- 10. ___ Community Agency
- 11. ___ Other
- 12. ___ Employment Agency
- 13. ___ County Website

HEARD COUNTY CRIMINAL HISTORY RECORD CONSENT FORM

UNLESS ALL BLANKS ON THIS FORM ARE COMPLETED, NO INFORMATION WILL BE RELEASED, CHANGES, STRIKETHROUGHS, OR WHITE OUT ARE NOT PERMISSIBLE.

THIS AUTHORIZATION FORM WILL EXPIRE 30 DAYS FROM THE DATE OF SIGNATURE.

I hereby authorize the Heard County Human Resources Department to receive any criminal history information pertaining to me which may be in the files of any state or local criminal justice agency in United States.

FULL NAME: (Print)

LAST **FIRST** **MIDDLE** **MAIDEN**

ADDRESS **CITY** **STATE** **ZIP**

DATE OF BIRTH: _____ **RACE:** _____

SOC#: _____ **SEX:** _____

SIGNATURE (PLEASE DO NOT SIGN THIS UNTIL YOU ARE IN FRONT OF A NOTARY. THIS FORM MUST BE NOTARIZED IN ORDER TO AUTHORIZE THE BACKGROUND CHECK)

DATE

NOTARY (SIGNATURE AND SEAL REQUIRED) _____

SPECIAL EMPLOYMENT PROVISIONS (CHECK IF APPLICABLE)

- EMPLOYMENT WITH MENTALLY DISABLED (PURPOSE CODE 'M')
- EMPLOYMENT WITH ELDER CARE (PURPOSE CODE 'N')
- EMPLOYMENT WITH CHILDREN (PURPOSE CODE 'W')

HEARD COUNTY HUMAN RESOURCES DEPARTMENT
AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD

I understand that driving a Heard 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 Heard County Human Resources Department, to obtain any information in my files pertaining to my driving record for the time period indicated below on an annual basis upon hire.

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

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

Full Name: _____ Male Female
(Print)

Date of Birth: _____ Driver's License Number: _____ State Where Issued: _____

Driver's License Expiration Date: _____ Request: Three-year _____ Seven-Year _____

Signature: _____ Date: _____

***All applicants applying for positions requiring the operation of a county vehicle (or a personal vehicle, as required) must provide a satisfactory three year driving record upon notification.**