

Heard County Government
201 Park Ave., Room #200
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 Administration Bldg., 201 Park Ave., Room #200, 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: _____
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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: _____

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****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: _____

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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.**

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SAFETY-SENSITIVE EMPLOYEE APPLICATION SUPPLEMENT

Previous US Department of Transportation Drug and Alcohol Testing

Applicant First Name, Middle Initial, Last Name _____ Social Security Number _____

Have you ever participated in USDOT-regulated drug and alcohol testing with previous employers?

Yes _____ (if yes, complete #1 and #2) No _____ (if no, skip to #2)

1. In the last two years, have you ever:

a) Tested positive (0.04 or greater) for alcohol?

Yes _____ No _____

b) Had a verified positive drug test result?

Yes _____ No _____

c) Refused a required drug or alcohol test (or had a verified adulterated or substituted drug test result)?

Yes _____ No _____

d) Violated any other DOT drug or alcohol testing regulation within the last two years?

Yes _____ No _____

2. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules in the last two years?

Yes _____ No _____

If you responded "YES" to any of the above questions, please provide documentation or your successful completion of DOT return-to-duty requirements. If you do not have this information, please explain why: _____

(Use additional pages as necessary)

"I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this form shall be grounds for dismissal."

Signed _____

Date _____

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AUTHORIZATION FOR RELEASE OF INFORMATION FROM PREVIOUS EMPLOYER ON US DOT DRUG AND ALCOHOL TESTING

(A separate form must be filled out for each US DOT-regulated employer who employed the applicant during the two-year period preceding the date of the employee's application or transfer)

I, _____, authorize that:
Print First Name, Middle Initial, Last Name Last 4 digits of Social Security Number

Contact Person: _____

Previous Employer: _____

Street Address or
P.O. Box: _____ Telephone: _____

City, State, Zip _____ Fax: _____

may release the information requested below concerning my US DOT drug and alcohol testing records to:

Contact Person: _____

Prospective Employer: _____

Street Address or
P.O. Box: _____ Telephone: _____

City, State, Zip _____ Fax: _____

Applicant's Signature

Date

This information will be used solely for the purpose of ascertaining whether I am eligible to perform safety-sensitive functions for the _____. This authorization for release of information is valid for one year from the date of signature.

COMPLETED BY PREVIOUS EMPLOYER

Check here ☐ if this employee did **not** participate in US DOT-regulated drug and alcohol testing while under your employment. Then sign below and return this form;

OR, respond to the following questions regarding this employee's US DOT-regulated drug and alcohol testing history while employed with your agency/firm.

- | | |
|--|-------------|
| 1. Has this employee tested positive (0.04 or greater) for alcohol in the last two years? | Y ___ N ___ |
| 2. Has this employee had a verified positive drug test result in the last two years? | Y ___ N ___ |
| 3. Has this employee refused a required drug or alcohol test in the last two years? | Y ___ N ___ |
| 4. Has this employee violated any other US DOT drug or alcohol testing regulation within the last two years? | Y ___ N ___ |
| 5. Has a previous employer reported a drug and alcohol rule violation to you? | Y ___ N ___ |
| 6. If you answered yes to any of the above items, did the employee complete the return to duty process? | Y ___ N ___ |

Note: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g. SAP report(s), follow-up testing record).

Previous Employer's Signature

Date

Please return this form to the prospective employer at the address listed above.

PRE-EMPLOYMENT DRUG TESTING ACKNOWLEDGEMENT

I, hereby acknowledge and understand that, as part of my application for employment for a position which involves the performance of safety-sensitive functions as defined by 49 CFR Part 655, as amended, I must submit to a urine drug test under the authority of the U.S. Department of Transportation, Federal Transit Administration. I acknowledge and understand that my employment is contingent on the passing of the aforementioned drug test, and I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result.

Signature of Applicant

Date

Print Name

Date

(Your application will not be considered for employment of a covered safety-sensitive position unless this acknowledgment is completed and signed.)