

Jasper County
Board of Commissioners

126 W. Greene Street Ste 18.
Monticello, GA 31064
706-468-4900

JASPER COUNTY IS A DRUG-FREE WORK PLACE EMPLOYER
APPLICATION FOR EMPLOYMENT- AN EQUAL OPPORTUNITY EMPLOYER

DATE: _____

NAME _____ SS# _____

ADDRESS _____

MAILING IF DIFFERENT FROM PHYSICAL _____

TELEPHONE# _____ EMERGENCY _____

POSITION APPLIED FOR:

A. _____ EXP. SALARY _____

B. _____ EXP. SALARY _____

List any special qualifications and/or skills that would qualify you for the position(s) applied for:
(Typing WPM, skills with machines or equipment, etc.)

How did you learn about this position? _____

Are you applying for: fulltime part time temporary?

Are you 18 years of age or older? YES NO

Are you prevented from lawfully becoming employed in this country because of VISA or immigration status?
Yes No

Do you have a valid driver license? Yes No
Class _____ Driver License Number _____ Exp. Date _____

Have you ever had job-related training in the military? Yes No

Have you been employed with us before? Yes No
If yes, give the last date of employment _____

Do you have any relatives that currently work for Jasper County? Yes No
If yes, give name, relationship, and what department?

EDUCATION & TRAINING

	Name & Location of school	No. of yrs. Attended	Did you graduate	Subjects studied
High school				
College				
Trade/business				

EMPLOYMENT HISTORY

List below your last three employers, starting with the last or present one first. All past employment should be listed. Please use additional paper if you need to list more than the three below.

1. Employer _____ Position _____

Address _____ Ending Salary _____

Employed from _____ to _____ Supervisor's Name _____

Duties & Responsibilities _____

Reason for leaving _____

2. Employer _____ Position _____

Address _____ Ending Salary _____

Employed from _____ to _____ Supervisor's Name _____

Duties & Responsibilities _____

Reason for leaving _____

3. Employer _____ Position _____

Address _____ Ending Salary _____

Employed from _____ to _____ Supervisor's Name _____

Duties & Responsibilities _____

Reason for leaving _____

May we contact any of your past employers? YES NO

PERSONAL REFERENCES

Give the names, address, phone numbers and number of years known of three people not related to you.

1. _____

2. _____

3. _____

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the county's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the county's options. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the county.

Signature of Applicant

Date

**GEORGIA CRIME INFORMATION CENTER (GCIC)
PURPOSE CODE "E" CONSENT FORM**

I hereby authorize the Jasper County Board of Commissioners to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

PHOTO ID
MUST BE ATTACHED

PRINT FULL NAME

PRINT PRESENT ADDRESS

SOCIAL SECURITY#

SIGNATURE

SEX

RACE

DOB

PRINT ANY OTHER NAMES YOU HAVE USED

NOTARY PUBLIC

SIGNATURE

DATE SUBMITTED

A criminal history record check has been conducted through the Georgia Crime Information Center (GCIC) on the above person, and no criminal history was located.

TERMINAL OPERATOR / AGENCY

DATE OF BACKGROUND CHECK

A criminal history record check has been conducted through the Georgia Crime Information Center (GCIC) on the above person, and the attached criminal history was located.

TERMINAL OPERATOR/AGENCY

DATE

STATE ID NO.

ONE OF THE FOLLOWING MUST BE CHECKED:

- This authorization is valid for 90/180/_____ (circle one) days from date of signature.
- I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

AFFIRMATIVE ACTION QUESTIONNAIRE

INSTRUCTIONS: Each applicant for employment is requested to provide the following information for affirmative action purpose. It will be detached when your application is filed and the information on it will not be considered in the employment process.

1. ETHNIC/RACIAL STATUS (please check one)

- | | |
|-----------------------------------|--------------------------|
| a. _____ Caucasian (white) | d. _____ American Indian |
| b. _____ African American (black) | e. _____ Oriental/Asian |
| c. _____ Spanish | f. _____ Other _____ |

2. SEX: _____ Male _____ Female

3. AGE: _____

4. MARITAL STATUS: _____

5. DATE OF BIRTH: _____

6. HOW DID YOU HEAR ABOUT THIS JOB? (Please check all that apply)

- | | |
|-----------------------------------|--|
| a. _____ Local Newspaper | f. _____ Minority Organization |
| b. _____ State Employment Agency | g. _____ City; County Job Announcement |
| c. _____ Radio Announcement | h. _____ Word of Mouth |
| d. _____ Professional Publication | i. _____ other _____ |
| e. _____ Current Employee | |

APPLICANT INFORMATION

ALL APPLICATION MUST INCLUDE THE FOLLOWING INFORMATION TO BE CONSIDERED:

1. 3 YEAR MVR (If position applying for will require you to drive a county vehicle)
2. COPIES OF:
 - a. DRIVER LICENSE
 - b. SOCIAL SECURITY CARD
3. EMS APPLICANTS ONLY:
 - a. PARAMEDIC OR EMT CARD
 - b. CPR CARD
 - c. ACLS CARD (FOR PARAMEDICS ONLY)

IF THIS INFORMATION IS NOT INCLUDED WITH THE APPLICATION, YOUR APPLICATION WILL NOT BE CONSIDERED FOR EMPLOYMENT.