Human Resources
240 Constitution Blvd.
Dallas, GA 30132
Telephone (770) 443-7521
Fax (770) 443-7558

APPLICATION FOR EMPLOYMENT

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.

POSITION OR JOB TITLE APPLIED FOR: _____

How did you learn of this position? _____

Will you accept the starting pay for the position(s) you have applied for? ❑ Yes ❑ No

Personal Data

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

_____
Address Street Apt. # City State Zip

Telephone _____ Email _____

WILL YOU ACCEPT: ❑ Full Time? ❑ 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 currently employed with the Paulding County Board of Commissioners _____

Are you able to perform the job duties listed for the position you are applying for without an accommodation?
❑ No ❑ Yes

If no, what accommodation is needed?

_____

If this position requires a valid Georgia Driver's License, 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

Please indicate 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

Are you a high school graduate? ❑ Yes ❑ No If you are not a high school graduate, do you have a GED? ❑ Yes ❑ No

High School Name: _____ Location: _____

College/University Name and Location	Major Course of Study	Hours Earned Qtr.	Hours Earned Sem.	Completed	Type of Degree
				1 2 3 4	
				1 2 3 4	
				1 2 3 4	

What special skills, qualifications or certifications have you gained from former employers or other experiences which relate to the type of work 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.

Name _____ Phone # _____

Address Street _____ Apt. # _____ City _____ State _____ Zip Code _____

Name _____ Phone # _____

Address Street _____ Apt. # _____ City _____ State _____ Zip Code _____

Name _____ Phone # _____

Address Street _____ Apt. # _____ City _____ State _____ Zip Code _____

Skills and Training

Please complete this section if applying for a position that requires the following skills:

Computer Skills:

Word Processing

- ❑ Word Perfect
- ❑ Word Perfect Office
- ❑ Microsoft Word
- ❑ Other _____

Spreadsheet

- ❑ Lotus
- ❑ Quattro
- ❑ Excel
- ❑ Other _____

Database

- ❑ dBase IV
- ❑ Microsoft Access
- ❑ Other _____

Graphics

- ❑ Harvard Graphics
- ❑ Power Point
- ❑ PageMaker
- ❑ Other _____

Electronic Mail

- ❑ Group Wise
- ❑ Explorer
- ❑ Other _____

Typing Speed: _____ **Data Entry Speed:** _____

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:

_____ From _____ to _____

Name of Supervisor: _____ Annual Salary: _____

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.

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 Paulding County Board of Commissioners I agree to conform to the policies, rules and regulations of the government set forth in the Paulding County Board of Commissioners 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 understand that this application is not a contract of employment. I further understand that should employment be offered, my employment and compensation may be terminated with or without cause at any time by either the County or myself. I understand that submission of this application in no way assures me a position and that no County representative has the authority to enter into any employment agreement with me contrary to the foregoing.

I understand resumes, letters of reference, etc., submitted with the application become the property of the Paulding County Board of Commissioners and cannot be returned. The information I have provided on the application is subject to public disclosure under the Georgia Open Records Act.

If required by the Paulding County Board of Commissioners 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 Forty Five (45) Days Only Unless Renewed Personally By Me In Writing.

Before an applicant can be selected for employment with the Paulding County Board of Commissioners he/she must submit to a drug test. Should you be offered a job with Paulding County Board of Commissioners your position may require random drug testing.

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: _____

Alcohol and Controlled Substance Testing

As a condition of employment by the Paulding County Board of Commissioners you will be required to submit to an alcohol and controlled substance screening test. Employees must, as a condition of employment, abide by our policy regarding the effects of drug use and the unlawful possession of controlled substances. 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 Paulding County Board of Commissioners you must successfully pass this screening test.

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

Date: _____ Signature: _____

PAULDING COUNTY
BOARD OF COMMISSIONERS
Authorization for Release of Personal Information

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duty authorized agent of Paulding County Board of Commissioners, whether the said records are of public, private, or confidential nature, including any criminal and/or driving history record information pertaining to me which may be in the files of any state or local agency. Authorization is also given to the County to recheck and review the records at the County's discretion. The intent of this authorization is to give my consent for full and complete disclosure of the records of loans, the records of commercial or retail credit agencies (including medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veterans Administration); employment and pre-employment records including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person, in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment with the Paulding County Board of Commissioners. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I give consent to perform periodical criminal history background checks for the duration of my employment with Paulding County Board of Commissioners. _____(Initial and Date)

SIGNATURE (including maiden name) **PRINT FULL NAME** **DATE**

STREET ADDRESS

CITY **STATE** **ZIP**

PRIMARY PHONE **SECONDARY PHONE**

DATE OF BIRTH: _____ **AGE:** _____ **SEX:** _____ **SOCIAL SECURITY NUMBER:** _____

RACE (Circle):

A	B	H	I	W	O
Asian or Pacific Islander	Black	Hispanic	American Indian or Alaskan Native	White	Other

NOTARY

DATE

CRIMINAL HISTORY CHECK
WAS RUN ON THE ABOVE SUBJECT:

SIGNATURE DATE
SHERIFF'S DEPT PERSONNEL

APPLICANTS UNDER AGE 18 MUST HAVE SIGNATURE OF GUARDIAN: _____

PLEASE COMPLETE BOTH SIDES Updated 12/14/2011

PAULDING COUNTY
BOARD OF COMMISSIONERS

DRUG AND ALCOHOL TESTING CONSENT FORM

I, _____, do hereby acknowledge that as a condition of employment I am required to submit to a post-offer alcohol and controlled substance screening test. Also, by signing this form, I do hereby consent to further drug/alcohol testing solely at the County's discretion as outlined in the Paulding County Drug and Alcohol Testing Program.

I understand that positive test results, refusal to be tested (by word or action), or any attempt to affect the test results or test sample will result in withdrawal of any provisional employment offer or termination of employment (in the case of random, reasonable suspicion, post accident, or return to duty testing).

_____ _____
(PRINT) FULL NAME **NOTARY**

_____ _____
ADDRESS **DATE**

_____

_____
SOCIAL SECURITY NUMBER

_____ _____
SEX **DATE OF BIRTH**

_____
SIGNATURE **DATE**

CONSENT TO TREAT UNDER-AGE CHILD

I, _____, give my consent for the designated physician(s) for the Paulding County Board of Commissioners to treat and/or administer drug screen testing on my son/daughter,

_____ who is under-age.

_____
PARENT/GUARDIAN SIGNATURE DATE

_____
NOTARY DATE

PLEASE COMPLETE BOTH SIDES Updated 12/14/2011