



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?

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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

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### 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: \_\_\_\_\_

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**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**

**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

I:\FORMS AND BENEFITS INFO\Recruiting and Selection\Background Consent 20111214.doc

Date: \_\_\_\_\_



## PRE-APPLICATION QUESTIONNAIRE

### *Paulding County Sheriff's Office*

180 Constitution Boulevard

Dallas, Georgia 30132

770-443-3010

*The Paulding County Sheriff's Office considers 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

Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Number/Street City State Zip*

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### GENERAL INFO

1. Are you a United States citizen?  Yes  No
2. Are you at least 18 years of age?  Yes  No
3. Do you possess a valid Georgia driver's license?  Yes  No
4. Do you possess a SACS accredited high school diploma or GED?  Yes  No
5. Are you able to perform the job duties listed for the position you are applying for without an accommodation?  Yes  No
  - a. If no, what accommodation is needed? \_\_\_\_\_
6. Are you willing to work shifts (nights, holidays, weekends, etc.)?  Yes  No
7. Do you willingly and voluntarily give your consent for the Paulding County Sheriff's Office and/or Paulding County Board of Commissioners to conduct a criminal history records check and driver's history records check?  Yes  No
8. Do you willingly and voluntarily give your consent to participate in a polygraph examination for the Paulding County Sheriff's Office and/or Paulding County Board of Commissioners?  
 Yes  No

### CRIMINAL ACTIVITY

9. Are you currently on probation or parole?  Yes  No
10. Have you ever been arrested or convicted of a felony, including pleas of nolo contendere?  
 Yes  No
11. Have you ever been arrested or convicted of a misdemeanor (excluding minor traffic offenses), including pleas of nolo contendere?  Yes  No
12. Have you ever been arrested or convicted for domestic violence whether misdemeanor or felony including pleas of nolo contendere and first offender status?  Yes  No

### EMPLOYMENT AND FINANCE

13. Have you ever been terminated for cause by any federal, state, county, or municipal civil service or merit system?  Yes  No
14. Have you filed for bankruptcy?  Yes  No
15. Do you have any history of involvement in commercial gambling such as bookmaking, loan sharking, etc. or outstanding debts owed to any agency, firm, organization or person?  
 Yes  No

### MILITARY

16. Do you now or will you have an honorable military discharge?  Yes  No  
a. If no, please describe the type of discharge: \_\_\_\_\_
17. Do you have any convictions by a general or special court-martial or a pattern of violations under the Uniform Code of Military Justice including punitive judgments or punishments?  
 Yes  No

### DRIVING

18. Do you have any convictions or pleas of nolo contendere for driving under the influence (DUI)?  Yes  No
19. Do you have any convictions or pleas of nolo contendere for the traffic offenses of hit and run, homicide by vehicle, attempting to elude, or habitual violator as defined by Georgia law or other similar state laws regardless of law titles?  Yes  No
20. Do you possess a valid driver's license, or have any license restrictions which hinder the ability to operate an emergency vehicle in accordance with the laws of the state and the policies of the department?  Yes  No
21. Have you ever had any driver's license suspension?  Yes  No
22. Do you have a driving history which reflects a recurring pattern of traffic violations which represents disrespect for traffic laws?  Yes  No

### DRUGS/NARCOTICS

23. Have you used any drugs (excluding marijuana) within the last five (5) years?  Yes  No
24. Have you used any marijuana, THC, or any other related type products (vape, edible, etc.) in the last two (2) years?  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*By signing your name below, you hereby swear that the information is true and accurate as in accordance with OCGA 10-12-7.*