

# WORTH COUNTY BOARD OF COMMISSIONERS

201 North Main Street 3<sup>rd</sup> Floor  
Sylvester, Georgia 31791

## APPLICATION FOR EMPLOYMENT

**\*WORTH COUNTY MAINTAINS A DRUG FREE WORKPLACE AND ALL SUCCESSFUL ARE REQUIRED TO PASS A DRUG TEST\***

Worth County considers application for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

**(PLEASE TYPE OR PRINT)**

|  |                                   |                                      |
|--|-----------------------------------|--------------------------------------|
| Position(s) Applied For                    | Date of Application               |                                      |
| How did you learn about us?                |                                   |                                      |
| <input type="checkbox"/> Advertisement     | <input type="checkbox"/> Friend   | <input type="checkbox"/> Walk-In     |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Relative | <input type="checkbox"/> Other _____ |

|                                   |                      |             |
|-----------------------------------|----------------------|-------------|
| Last Name                         | First Name           | Middle Name |
| Street Address                    | Telephone Number (s) |             |
|                                   | E-Mail address:      |             |
| City                              | State                | Zip Code    |
| Social Security Number (optional) |                      |             |

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with Worth County before?  Yes  No  
If yes, give date \_\_\_\_\_

Have you ever been employed by Worth County before?  Yes  No  
If yes, give date \_\_\_\_\_

Are you prevented from lawfully becoming employed in this county because of  
VISA or Immigration Status  Yes  No

**(Proof of citizenship or immigration status will be required upon employment)**

On what date will you be available to begin work? \_\_\_\_\_

Are you available to work: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Shift Work \_\_\_\_\_ Temporary

Are you currently on "Lay-off" status and subject to recall?  Yes  No

Can you travel is the job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No

(A conviction will not necessarily disqualify an applicant from employment) A criminal record does not constitute an automatic bar to employment and will be considered as it relates to the job in question.

If yes, please explain: \_\_\_\_\_

**WORTH COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER**



## EMPLOYMENT EXPERIENCE

Start with your present or last job. You may include military service assignments and volunteer activities.

|                     |            |                           |                         |
|---------------------|------------|---------------------------|-------------------------|
| 1. Employer         |            | <u>Dates Employed</u>     | Duties/Responsibilities |
|                     |            | From:                     |                         |
| Address             |            | TO:                       |                         |
| City                | State      | <u>Hourly Rate/Salary</u> |                         |
| Telephone Number(s) |            | Starting:                 |                         |
| Job Title           | Supervisor | Final:                    |                         |
| Reason for Leaving  |            |                           |                         |
| 2. Employer         |            | <u>Dates Employed</u>     | Duties/Responsibilities |
|                     |            | From:                     |                         |
| Address             |            | TO:                       |                         |
| City                | State      | <u>Hourly Rate/Salary</u> |                         |
| Telephone Number(s) |            | Starting:                 |                         |
| Job Title           | Supervisor | Final:                    |                         |
| Reason for Leaving  |            |                           |                         |
| 3. Employer         |            | <u>Dates Employed</u>     | Duties/Responsibilities |
|                     |            | From:                     |                         |
| Address             |            | TO:                       |                         |
| City                | State      | <u>Hourly Rate/Salary</u> |                         |
| Telephone Number(s) |            | Starting:                 |                         |
| Job Title           | Supervisor | Final:                    |                         |
| Reason for Leaving  |            |                           |                         |

Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodations?  Yes  No

If no, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide additional information you feel may be helpful to us in considering your application.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### REFERENCES

**Please list three references other than relatives or previous employers.**

1. \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open:  Yes  No

Position(s) Considered For: \_\_\_\_\_ Department \_\_\_\_\_

Interview Scheduled:  Yes  No Date and Time \_\_\_\_\_

Employed  Yes  No Date of Hire \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_

By \_\_\_\_\_  
Name and Title \_\_\_\_\_ Date \_\_\_\_\_

**RELEASE AND AUTHORIZATION – READ CAREFULLY BEFORE SIGNING**

I certify that I have made no willful misrepresentation in this application, my resume and any other documents submitted by me, nor have I withheld information in my statements and answers to questions, and I confirm that the information provided on this application and other documents I have submitted is true, correct and complete. I am aware that the information given in my application may be investigated. I agree to provide supplemental information if requested by the Worth County Board of Commissioners designee. I further understand that falsification of information, should I be employed, may be grounds for dismissal. I understand that my application, and any other information will remain active and on file for 45 days.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. Worth County assures that it will fully observe all constitutional rights of employees including the right to due process.

I understand and voluntarily authorize and request, without reservation, any party or agency contacted by the Worth County Board of Commissioners including present and prior employers to furnish requested information to support my application.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**PRE-EMPLOYMENT CONSENT**  
**Background Check and Criminal History**

As a condition of employment, I \_\_\_\_\_ hereby authorize and give  
(Print Name)

Consent to the Worth County Board of Commissioners Personnel Office to run a background check and criminal history. I am aware the Worth County E-911 Department will run required history prior to my employment.

By furnishing the requested information, I acknowledge that I am giving my consent to run the report, and perform periodic background check and criminal history as needed for the duration of my employment. I understand that this report is part of the requirement to be employed by Worth County Board of Commissioners.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Special Employment Provisions:

Job Title applying for: \_\_\_\_\_

- Employment with mentally disabled (Purpose Code 'M')
- Employment with elder care (Purpose Code 'N')
- Employment with children (Purpose Code 'W')
- Employment as a Peace Officer (Purpose Code 'Z')

**PRE-EMPLOYMENT CONSENT AND NOTICE  
ALCOHOL AND CONTROLLED SUBSTANCE TESTING**

As a condition of employment by Worth County, you must submit to a physical examination. This examination will include an alcohol and controlled substance screening test. In order to be employed by Worth County, you must successfully pass this screening test.

By signing this form, I acknowledge that I am giving consent to such screening test, and I understand that such a screening is part of Worth County's Alcohol and Controlled Substance Policy. I hereby agree to abide by this policy.

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

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

Print Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Witnessed by Authorized Worth County Employee:

\_\_\_\_\_

**Note: To Medical Physician**

Test(s) to be Given:  Regular Physical Screen     DOT Physical (Truck Driver)     Alcohol/Controlled Substance

\_\_\_\_\_  
County Designee

\_\_\_\_\_  
Date

Worth County Board of Commissioners, 201 N. Main Street 3<sup>rd</sup> Fl – Rm. 30, Sylvester Georgia 31791 - (229) 776-8200

E-mail application to Buffy Walker: [copayroll@worthcountyvoc.com](mailto:copayroll@worthcountyvoc.com)