

WORTH COUNTY BOARD OF COMMISSIONERS

201 North Main Street 3rd 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)	
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 currently employed? Yes No

May we contact your present employer? Yes No

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 if the job requires it? Yes No

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

WORTH COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

(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:

EDUCATION AND TRAINING

	Name Address Of School	Course of Study	Diploma/Degree G.E.D. (Major)
High School			
University or Technical			
Graduate or Professional			
Other (specify)			

Military Service: Yes No

Duty/Specialized Training: _____

List any seminars, classes or other education not listed above which may help qualify you for this position.

SPECIAL QUALIFICATIONS/SKILLS/ LICENSES (other than driving)

List all licenses/special qualification or skills including typing, and business equipment or machine operating skills that relates to the job for which you are applying:

List any languages other than English that you can speak, read or write that could be of benefit to the position applied for:

	Fluent	Good	Fair
Speak			
Read			
Write			

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
Address		From:	
City	State	Zip Code	TO:
Telephone Number(s)		<u>Hourly Rate/Salary</u>	Starting:
Job Title	Supervisor		
Reason for Leaving		Final:	

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

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

1. 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 _____

2. What are your salary requirements? _____

3. 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 _____ Date _____

Name and Title

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 _____ (print your name) hereby authorize and give 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

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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')



THIS IS A
DRUG-FREE
WORKPLACE!

WE
CONDUCT
DRUG
TESTING

WHEN YOU
APPLY

AT RANDOM
TIMES

WHEN JOB
IS OFFERED

AFTER ANY
ACCIDENT

**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 3rd Fl – Rm. 30, Sylvester Georgia 31791 - (229) 776-8200

MOTOR VEHICLE RECORD
AUTHORIZATION FORM

Print Name _____

SS# _____ Date of Birth _____

Driver's License # _____ State _____

It is the policy of Worth County and a requirement of employment that every employee filling a position that requires a valid driver's license have a motor vehicle record (MVR) specified grading requirements. This MVR policy applies both to drivers of county-owned vehicles and employees using personal vehicles in the course of their employment as well.

Employee MVR's will be examined prior to the date of employment and every three (3) years thereafter. Any job offer made where the job requires a valid driver's license will be contingent upon a MVR meeting the required standards. Continued employment with the county in a position requiring a valid driver's license will require a MVR meeting the specified standards.

All violations will be reviewed by the Board and Human Resources Director and may result in disciplinary action, up to and including termination, depending on severity of the violation.

I have read, understand and agree to abide by the above policy.

Employee Signature

Date

IMPORTANT NOTICE

Employment by Worth County is on an "At Will" basis. This means that employment shall continue only so long as it is mutually agreeable to the Employer and the Employee. You may resign or "quit" your job at any time without giving any reason and without any fault on your part. Worth County assures that it will fully observe all constitutional rights of employees including the right to due process.

Please read and sign _____

