APPLICATION FOR EMPLOYMENT



Jackson County Government 67 Athens St. Jefferson, GA 30549

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

NOTE: Applications and resumes are accepted for open positions only. Only candidates being considered for the position will be contacted.

		PLEASE PRINT					
Position (s) Applied For						Date of Application	
How Did You Hear About I	Js?						
□ Advertisement	\Box Inquiry			R	elative:	(F)	
□ Web site	□ Friend:			С	Other:		
Last Name		First Name				Middle Name	
Address		City		St	tate	Zip Code	
Telephone Number (s) (Home)	(Cell)						
Best time to contact you: A.M. P.M. Best phone number to reach you: ()							
Have you filed an application with us before? [] Yes [] No If Yes, give date and position							
Have you ever been employed with us before? [] Yes [] No If Yes, give date and position							
Do any of your friends or relatives work here? [] Yes [] No If yes, state name(s):							
Can you travel if a job require	es it?	[] Yes [] No					
Are you currently employed?	[] Yes [] No	If yes, may we co	onta	ct y	our pre	sent employer? [] Yes [] No	
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? [] Yes [] No Proof of citizenship or immigration status will be required upon employment							
If you are under 18 years of a	ge, can you provid	de required proof of	elig	ibil	ity to w	ork? [] Yes [] No [] N/A	
Date available for work		What	is y	our	desired	salary range?	
Please state work availability:	(M)	[] Full-Time [] Par	rt-T	ime	·[] Ter	nporary	
If Part-Time, please indicate s	hift availability:	[] Mornings [] Af	tern	0011	[] Eve	enings	
WE	ARE AN EQU	JAL OPPORTUN	VIT	Υ]	EMPL	OYER	

High	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
School				
Undergraduate College				
Graduate Professional				ē
Other (Specify)				
		,		
PC PCIALIZED SKILL		/ EQUIPMENT O	PERATED) Production /	
10		osoft Publisher	Mobile Machinery (list)	Other (list)
Microsoft Outlo	10.1	ey		
Microsoft Outlo	10-k	[*	
		WPM		

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	Employer		Prom	mployed To	Work Performed
	Address				
	Telephone Number (s)			ate/Salary	
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving	*		-	
2	Employer		Dates Er From	mployed To	Work Performed
	Address				
	Telephone Number (s)		Hourly Ra	ate/Salary	
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				
3	Employer		Dates Er From	mployed To	Work Performed
	Address	0			
	Telephone Number (s)		Hourly Ra		
	Job Title	Supervisor	Starting	Final	**************************************
	Reason for Leaving			-	
4	Employer		Dates Er From	nployed To	Work Performed
	Address				
	Telephone Number (s)		Hourly Ra	nte/Salary	
	Job Title	Supervisor	Starting	Final	- Constant on the constant of
	Reason for Leaving	2	-		
No TH	te to Applicants: DO NOT	Γ ANSWER THIS QU THE JOB FOR WHI	JESTION UN	LESS YOU E APPLYIN	HAVE BEEN INFORMED ABOUT
Car				u are applyir	ng, either with or without a reasonableNo

	X			***************************************
-				X-1-24-110-1200
PROFESSIO	NAL REFERENCES NOT PR	REVIOUSLY LIST	ED ON TH	HIS APPLICATION
1		,	1	
1	(Name)			Phone #
**				
	(Address)			
2	(A)	(_)	Dhoug #
	(Name)			Phone #
	(Address)			
3.	,	T	1	Phone # Phone # Phone # Phone # I that any falsification, misrepresent documents, will be cause for continuous for employment. I release from all irom all liability that might result irom all liability that might result irom all result irom all liability that might result is and regulations of Jackson Continuous further understand that no represent itute a contract of employment in the property of the prope
J	(Name)	(Address) (Name) Phone # (Address) (Name) Phone # (Address) (iven herein are true and complete. I understand that any falsification, misreprese this application, or any other accompanying documents, will be cause for ate termination of employment. In of all statements contained in this application for employment. I release from a information and hold the employer harmless from all liability that might result employed, I am required to abide by all rules and regulations of Jackson Colloyed, my employment may be terminated, with or without cause, and with of the option of either Jackson County or me. I further understand that no repreby any representative of Jackson County, may constitute a contract of employment and the option of either Jackson County, may constitute a contract of employment and the option of either Jackson County, may constitute a contract of employment and for some positions, a credit check and/or motor in the option of the contract of employment and for some positions, a credit check and/or motor in the option of the contract of employment and for some positions, a credit check and/or motor in the option of the contract of employment and for some positions, a credit check and/or motor in the option of the contract of employment and for some positions, a credit check and/or motor in the option of the contract of employment and the contract of empl		
	(Address)			
I certify that a	answers given herein are true and	d complete. I under	stand that	any falsification, misrepresent
omission of employment of	fact on this application, or ar immediate termination of empl	ıy other accompan loyment.	ying docu	ments, will be cause for de
			tion for en	uployment I release from all
I authorize in	ying such information and hold	the employer harml	ess from a	ll liability that might result fi
anyone supply				
anyone supply investigation.				
anyone supply investigation. I understand	that, if employed, I am requi	red to abide by all	l rules and	l regulations of Jackson Cou without cause, and with or
anyone supply investigation. I understand understand th notice, at any	at if employed, my employment time, at the option of either Ja	it may be terminate ickson County or m	d, with or e. I furth	without cause, and with or er understand that no represe
anyone supply investigation. I understand understand th notice, at any whether oral of	at if employed, my employmen time, at the option of either Ja or written by any representative o	nt may be terminate ackson County or m of Jackson County, m	d, with or ie. I furth nay constit	without cause, and with or er understand that no represe ate a contract of employment.
anyone supply investigation. I understand understand the notice, at any whether oral of Jackson Coun	at if employed, my employment time, at the option of either Jabar written by any representative of ty is a DRUG FREE WORKPLATECK, post offer medical question	at may be terminate ackson County or may fackson County, in ACE. All applicants	d, with or le. I furth hay constituted are subject	without cause, and with or er understand that no represe ite a contract of employment. to a post offer drug screen,
anyone supply investigation. I understand understand the notice, at any whether oral contacts of the supplemental supplem	at if employed, my employment time, at the option of either Jabar written by any representative of ty is a DRUG FREE WORKPLATECK, post offer medical question	at may be terminate ackson County or may fackson County, in ACE. All applicants	d, with or le. I furth hay constituted are subject	without cause, and with or er understand that no represe ite a contract of employment. to a post offer drug screen,

. .



Jackson County Sheriff's Office

P.O. Box 98 555 Stan Evans Drive Jefferson, GA 30549

706-387-8718

Janis G. Mangum Sheriff, Jackson County

BACKGROUND CHECK AUTHORIZATION

	DACKUKUU.				ta ta
criminal or popublic record	olice records, including	of my background, those maintained infirming the infor	references, characteristics by both public and mation contained of	ckson County and/or its agenter, past employment, educated private organizations and all on my Application and/or for employment.	ion,
to that author		ll liabilities, claim	s or law suits in re	h provides information pursugards to the information obtains	
The followin knowledge.	g is my true and comple	ete legal name and	all information is	true and correct to the best o	f my
Last name	First nar	ne	Middle name	Maiden name	
Sex	Race	Street Addre	ess		
Are you Hispa	anic or Latino?	City, State, Z	ip Code		
Yes	No	Date of Birth	Soc	ial Security No.	
****DO NO	OT SIGN BELOW U	Driver's Licer		Expiration Date OF A NOTARY***	
		Signature			
		Date			
	·		——————————————————————————————————————		

Revised 09/13/2017