

# Application for Employment

Jackson County Board of Commissioners 67 Athens Street Jefferson, Ga 30549

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.				
Position(s) Applied For: _____			Date of Application: _____	
How did you Learn About Us?				
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Relative		<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Friend		<input type="checkbox"/> Other _____
Last Name		First Name		Middle Name
Address (Number)		(Street)	(City)	(State) (Zip)
Telephone Number(s)				
Best time to contact you at home is:				
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 us before?      Yes      No      If yes, give date: _____				
Have you ever been employed with us before?      Yes      No      If yes, give date: _____				
Do any of your friends or relatives, other than spouse, work here?      Yes      No				
Are you currently employed?      Yes      No				
May we contact your present employer?      Yes      No				
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i> Yes      No				
Date Available for work: _____/_____/_____				
What is your desired salary range?				
Are you available to work: Full Time?    Yes    No    Please Indicate Shift:    Nights    Days Part Time?    Yes    No    Please Indicate: Mornings    Afternoon    Evenings Temporary?    Yes    No    Please Indicate Dates Available:				
Are you currently on "lay-off" status and subject to recall?      Yes      No				
Can you travel if a job requires it?      Yes      No				
Have you been convicted of a felony within the last five years?      Yes      No				
<small>A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.</small>				
WE ARE AN EQUAL OPPORTUNITY EMPLOYER				

**EDUCATION**

	<i>NAME AND ADDRESS OF SCHOOL</i>	<i>COURSE OF STUDY</i>	<i>YEARS COMPLETED</i>	<i>DIPLOMA DEGREE</i>
<i>ELEMENTARY MIDDLE SCHOOL</i>				
<i>HIGH SCHOOL</i>				
<i>UNDERGRADUATE COLLEGE</i>				
<i>GRADUATE PROFESSIONAL</i>				
<i>OTHER (SPECIFY)</i>				

*DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA CURRICULAR ACTIVITIES.*


*DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY.*


## EMPLOYMENT EXPERIENCE

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

<i>Employer</i>		<i>DATES EMPLOYED</i>		<i>Work Performed</i>
		<i>From</i>	<i>To</i>	
<i>Address</i>		<i>HOURLY RATES/SALARY</i>		
		<i>Starting</i>	<i>Final</i>	
<i>Telephone Number(s)</i>				
<i>Job Title</i>	<i>Supervisor</i>			
<i>Reason for Leaving</i>				
<i>Employer</i>		<i>DATES EMPLOYED</i>		<i>Work Performed</i>
		<i>From</i>	<i>To</i>	
<i>Address</i>		<i>HOURLY RATES/SALARY</i>		
		<i>Starting</i>	<i>Final</i>	
<i>Telephone Number(s)</i>				
<i>Job Title</i>	<i>Supervisor</i>			
<i>Reason for Leaving</i>				
<i>Employer</i>		<i>DATES EMPLOYED</i>		<i>Work Performed</i>
		<i>From</i>	<i>To</i>	
<i>Address</i>		<i>HOURLY RATES/SALARY</i>		
		<i>Starting</i>	<i>Final</i>	
<i>Telephone Number(s)</i>				
<i>Job Title</i>	<i>Supervisor</i>			
<i>Reason for Leaving</i>				
<i>Employer</i>		<i>DATES EMPLOYED</i>		<i>Work Performed</i>
		<i>From</i>	<i>To</i>	
<i>Address</i>		<i>HOURLY RATES/SALARY</i>		
		<i>Starting</i>	<i>Final</i>	
<i>Telephone Number(s)</i>				
<i>Job Title</i>	<i>Supervisor</i>			
<i>Reason for Leaving</i>				

*If you need additional space, please continue on a separate sheet of paper.*

*List professional, trade, business or civic activities and offices held.  
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*


**ADDITIONAL INFORMATION**

*Other Qualifications: Summarize special job-related skills and qualification acquired from employment or other experience.*


*Specialized Skills (check skills/equipment operated)*

_____ Terminal	_____ Spreadsheet	Production/Mobile Machinery (list)	Other (List)
_____ PC/MAC	_____ Word Processing	_____	_____
_____ Typewriter	_____ Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

*State any additional information you feel may be helpful to us in considering your application.*


*Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING?*

*Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.*

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

**REFERENCES**

1) Name:	Phone:
Address:	
2) Name:	Phone:
Address:	
3) Name:	Phone:
Address:	
4) Name:	Phone:
Address:	

**APPLICANT'S STATEMENT**

*I certify that answers given herein are true and complete.*

*I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.*

*This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.*

*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 mean that the employee may resign at any time and the employer may discharge employee 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.*

*In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulation of the employer.*

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_



**Jackson County Sheriff's Office  
Personal Inquiry/Background Check Release**

**ALL INFORMATION IS REQUIRED**

Print: Last Name                      First Name                      Middle Name                      Maiden Name

Please list any other names used

Home Address:                      Street Address (Do not use post office box numbers)

Driver's License number: \_\_\_\_\_ State: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City/County/State                      MM/DD/YYYY

Citizenship: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_

Race: \_\_\_\_\_ Color of Hair: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_

I understand that, as a condition of my consideration for employment with the Jackson County Sheriff's Office, or as a condition of my continued employment with the Jackson County Sheriff's Office, may obtain a consumer report that includes, but is not limited to, my credit worthiness or similar characteristics, employment and education verification, social security verification, criminal and civil history, personal interviews, DMV/DDS records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to the Jackson County Sheriff's Office procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, the Jackson County Sheriff's Office will provide me with a copy of any such report, along with a copy of my rights under the Act, if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with the Jackson County Sheriff's Office. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

I also respectfully request and authorize any agency, employer, governmental department or division, to furnish the Jackson County Sheriff's Office and/or the Internal Affairs division of Jackson County Sheriff's Office with any and all information that you may have concerning my school record, work record, military record, criminal record, character, reputation for honesty, integrity, and initiative, and other facts as may be relevant to the nature of this inquiry. This request can include any personnel files, internal investigation files, recordings, truth detection device tests and booklets, background investigations, and other requested information that can be used to assist Jackson County Sheriff's Office to determine my qualifications and fitness for a position with the Jackson County Sheriff's Office.



**Jackson County Sheriff's Office**  
**Personal Inquiry/Background Check Release**

I hereby release any agency, employer, governmental department or division of the Jackson County Sheriff's Office, and others from any liability or damage which may result from furnishing the information requested. This instrument is valid for twelve (12) months from the above date and may be photocopied as needed by the requesting official(s).

\_\_\_\_\_  
Applicant Legal Signature

\_\_\_\_\_  
Applicant Name (print)

Before me personally appeared \_\_\_\_\_ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof.

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
My Commission Expires

