

TIFT COUNTY BOARD OF COMMISSIONERS



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer
Tift County is a Drug Free Workforce



PLEASE READ BEFORE FILLING OUT THIS APPLICATION
Please answer every question. Use INK, PRINT PLAINLY.

1. APPLYING FOR:

Date: _____

Position or Type of Work Desired: _____

Are you willing to work: Shifts? Saturdays? Sundays? Holidays? Overtime?

2. HOW DO WE CONTACT YOU?

Your Name: _____ Social Security #: _____

Mailing Address _____

City _____

County _____

State _____

Zip Code _____

Home (____) _____

Business Phone (____) _____

Fax (____) _____

E-mail Address _____

3. TELL US ABOUT YOUR EDUCATION:

High School (Name) _____ (Location) _____

Diploma _____ Other (Specify) _____ Highest Grade Completed _____

College Graduate? If no, give total credit received _____ Your Name If Different While Attending School _____

Give name & address of school, major course of study, and degree received.

Undergraduate College/University _____ Graduate School _____

Degree _____ Year Degree Obtained _____ Degree _____ Year Degree Obtained _____

Pertinent Undergraduate Courses _____ Credits _____

Pertinent Graduate Courses _____ Credits _____

Job-Related Training And Course Work

List any skills, licenses, and certificates which are related to the job you seek (including words per minute typing speed and computer software proficiency.)

Military Service Record

Have you served in the Armed Forces of the United States?

Date Entered: _____ Branch of Service _____ Highest Rank Held _____

Date of discharge _____ Rank at Discharge _____ Type of Discharge _____

4. TELL US ABOUT YOUR WORK EXPERIENCE.

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job related volunteer work, if applicable. Provide an explanation for any gaps in employment. All information in this section must be complete.

A resume may be attached, but not substituted for completing this section.

1. Name of Present or Last Employer _____ Phone (____) _____

Address _____ Job Title _____

Number Supervised _____ Supervisor's Name _____ May we contact this employer?

From _____ To _____ Hours Per Week _____ Salary _____
(dd/mm/yy) (dd/mm/yy)

Job Duties (give details)

Reason for Leaving

2. Next Most Recent Employer: _____ Phone (____) _____

Address _____ Job Title _____

Number Supervised _____ Supervisor's Name _____ May we contact this employer?

From _____ To _____ Hours Per Week _____ Salary _____
(dd/mm/yy) (dd/mm/yy)

Job Duties (give details)

Reason for Leaving

3. Next Most Recent Employer: _____ Phone (____) _____

Address _____ Job Title _____

Number Supervised _____ Supervisor's Name _____ May we contact this employer?

From _____ To _____ Hours Per Week _____ Salary _____
(dd/mm/yy) (dd/mm/yy)

Job Duties (give details)

Reason for Leaving

4. Next Most Recent Employer: _____ Phone () _____
 Address _____ Job Title _____
 Number Supervised _____ Supervisor's Name _____ May we contact this employer?
 From _____ To _____ Hours Per Week _____ Salary _____
 (dd/mm/yy) (dd/mm/yy)

Job Duties (give details)

Reason for Leaving

5. OTHER INFORMATION

Do you possess a valid driver's license? If yes, provide number _____ State _____

Expiration Date _____ Class: (check one) A B C D E F M G

Do you have any relatives employed with Tift County? If yes, please provide names below:

Name _____ Relation _____ Department _____

Name _____ Relation _____ Department _____

Have you ever been convicted of a criminal offense?

Note: Omit minor vehicle violations. List all convictions, pleas of guilty, pleas of no contest of or to any criminal offenses.
Conviction of a criminal offense is not a bar to employment in all cases. Each conviction is evaluated individually. *Unless applicant is applying for employment with Recreation or Sheriff Departments.

If yes, please list charge(s)

Where Convicted _____ Date _____ Disposition/Status _____

Have you ever been terminated or forced to resign from any job? If yes, explain _____

Are you legally authorized to work in the United States?

Give the names of two people, not relatives, who are familiar with your work.
 Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____

**PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS
PRE-EMPLOYMENT DRUG TESTING IS A CONDITION OF EMPLOYMENT.**

The application will remain active for 30 days and if you are employed, you will be in a new hire status for the first 3 full months of employment.

Employment with Tift County is at-will and nothing contained in this application or in the Company's policies creates a contract of employment. If you are employed you will have the right to terminate your employment at anytime, with or without notice and with or without cause. The Company will have the same right.

Tift County is an equal opportunity employer. No question on this application is asked for the purpose of limiting or excluding qualified applicant's consideration for employment because of his or her race, color, religion, sex, age, national origin, disability or veteran's status.

Authority to Release Information: By my signature, I consent to the release of information to authorized management and/or employees of the Tift County which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service; law enforcement records; and/or any personnel record deemed necessary.

In addition, I consent to authorized appropriate management and/or employees of the Tift County to make inquires of third parties such as credit bureaus. I further release the organization, education entity, present and former employers, law enforcement organization and all third party from any and all claims of what ever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

Signature _____ Date _____

Certification of Applicant: By my signature, I affirm, agree and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application my result in exclusion from further consideration or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

Signature _____ Date _____

**NOTICE/AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A
CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT**

I, the undersigned consumer, do hereby authorize--- **Tift County** by and through its Human Resources Department to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my period of employment with **Tift County**.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **Tift County** including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to **Tift County**, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq.

Signature: _____ Date: _____

**IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY
(PLEASE PRINT OR TYPE)**

SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER STATE DATE OF BIRTH* GENDER* (M or F)

TYPE OR PRINT NAME (last, first, middle initial) OTHER NAMES USED (alias, maiden, nickname) YEARS USED

CURRENT ADDRESS

STREET/P.O. BOX CITY STATE ZIP COUNTY DATES LIVING HERE

PLEASE LIST ALL ADDRESSES FOR LAST SEVEN (7) YEARS(If you need additional space please use the back of this form)

STREET/P.O. BOX CITY STATE ZIP COUNTY DATES LIVING HERE

STREET/P.O. BOX CITY STATE ZIP COUNTY DATES LIVING HERE

STREET/P.O. BOX CITY STATE ZIP COUNTY DATES LIVING HERE

STREET/P.O. BOX CITY STATE ZIP COUNTY DATES LIVING HERE

**Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background investigation.*



NOTICE/AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned consumer, do hereby authorize Tift County by and through its Human Resources Department to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my period of employment with Tift County.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Tift County including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to Tift County, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq.

Signature: _____ Date: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY (PLEASE PRINT OR TYPE)

SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER STATE DATE OF BIRTH* GENDER* (M or F)

TYPE OR PRINT NAME (last, first, middle initial) OTHER NAMES USED (alias, maiden, nickname) YEARS USED

CURRENT ADDRESS

STREET/P.O. BOX CITY STATE ZIP COUNTY DATES LIVING HERE

PLEASE LIST ALL ADDRESSES FOR LAST SEVEN (7) YEARS (If you need additional space please use the back of this form)

STREET/P.O. BOX CITY STATE ZIP COUNTY DATES LIVED HERE

STREET/P.O. BOX CITY STATE ZIP COUNTY DATES LIVED HERE

STREET/P.O. BOX CITY STATE ZIP COUNTY DATES LIVED HERE

STREET/P.O. BOX CITY STATE ZIP COUNTY DATES LIVED HERE

*Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background investigation.