



SPALDING COUNTY BOARD OF COMMISSIONERS

119 E. Solomon Street, P.O. Box 1087

Griffin, Georgia 30224

www.spaldingcounty.com

EMPLOYMENT APPLICATION

SPALDING COUNTY ONLY ACCEPTS APPLICATIONS FOR CURRENTLY POSTED POSITIONS. UNSOLICITED APPLICATIONS WILL NOT BE CONSIDERED.

TO APPLY: Applicants for employment must use the County's official application form. Resumes may not be submitted in lieu of this application. Completed applications may be submitted in-person at the Spalding County Courthouse Annex, 119 E. Solomon Street, Griffin, Georgia; or mailed to the Spalding County Human Resources Department, P.O. Box 1087, Griffin, Georgia 30224; faxed to 678-734-3142; or e-mailed to Employment@spaldingcounty.com. For special communication needs, contact Human Resources in-person or at 770-467-4231.

POSITION APPLIED FOR	JOB ANNOUNCEMENT NUMBER
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INSTRUCTIONS: Please print or type all information. The application must be filled out accurately and completely. Do not leave an item blank. If an item does not apply, write N/A (not applicable). You may attach copies of documents or certificates which support your application. All materials submitted become the property of Spalding County and will not be returned. Nothing can be added to your application after the announcement period has closed. All statements made on this application are subject to verification. Exaggerated, false or misleading statements may be cause for rejection of the application and/or termination of employment. **THIS APPLICATION AND ALL REQUIRED SUPPLEMENTAL FORMS MUST BE SIGNED BY YOU FOR YOUR APPLICATION TO BE CONSIDERED.**

1. PRESENT LEGAL NAME		
Last Name	First Name	M.I.

2. Email Address	Email may be used for employment related communication
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<table border="1"> <tr> <td colspan="2">3. HOME PHONE NUMBER</td> </tr> <tr> <td>Area Code</td> <td>Number</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td colspan="2">CELL PHONE NUMBER</td> </tr> <tr> <td>Area Code</td> <td>Number</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	3. HOME PHONE NUMBER		Area Code	Number	<input type="text"/>	<input type="text"/>	CELL PHONE NUMBER		Area Code	Number	<input type="text"/>	<input type="text"/>	<table border="1"> <tr> <td colspan="3">4. DRIVER'S LICENSE</td> </tr> <tr> <td colspan="3">Do you have a valid Georgia license? Yes _____ No _____</td> </tr> <tr> <td colspan="3">License Type: Operator _____ CDL _____ Class _____</td> </tr> <tr> <td colspan="3">Endorsements _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>License #</td> <td>State</td> <td>Exp. Date</td> </tr> </table>	4. DRIVER'S LICENSE			Do you have a valid Georgia license? Yes _____ No _____			License Type: Operator _____ CDL _____ Class _____			Endorsements _____			_____	_____	_____	License #	State	Exp. Date
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5. PRESENT ADDRESS		
Street Address		Apt. #
City	State	Zip Code

6. ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? Proof will be required in accordance with IRCA.	Yes	No
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SPALDING COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER
APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO AGE, SEX, RACE, COLOR, RELIGION, NATIONAL ORIGIN, PHYSICAL OR MENTAL DISABILITY, GENETIC INFORMATION OR VETERAN'S STATUS.

7. EDUCATION & SPECIAL TRAINING (proof of education must be included with employment application)

Do you have a:
 High School Diploma (check): Yes _____ No _____
 GED (check): Yes _____ No _____

Name and location of last HIGH SCHOOL ATTENDED: _____
 Name City State

List Special Training (Business, Trade, Vocational, Armed Forces Schools, etc.) Below:

Name & Location	Courses or Subject Taken	Certificates Earned or Other Information

List Colleges & Universities Attended Below:

Name and Location	Major Degree Field or Program of Study	Type Degree Earned

8. EMPLOYMENT RECORD — List all jobs held in the last ten years & any other jobs relevant to the position for which you are applying. Different jobs with the same employer should be listed as separate jobs. Start with your PRESENT or MOST RECENT position & work back. BE SPECIFIC — all or part of your rating may depend on the information you provide. If additional space is needed, please use a continuation sheet. Periods of unemployment should be listed separately in Section 9. **NOTE: Complete addresses with city, state, zip codes and phone numbers are necessary.**

May we contact your present employer regarding your employment? Yes _____ No _____

(Job 1) Present or most recent Job					Employer _____ Address _____ Phone Number _____ Your Job Title _____ Supervisor's Name & Title _____ Reason for Leaving Position _____
From		To			
Mo.	Yr.	Mo.	Yr.		
Hours per Week _____					
Starting Salary \$ _____ per _____					
Last Salary \$ _____ per _____					

Specific Duties

Number of employees supervised (if applicable) _____

(Job 2) Previous Job					Employer _____ Address _____ Phone Number _____ Your Job Title _____ Supervisor's Name & Title _____ Reason for Leaving Position _____
From		To			
Mo.	Yr.	Mo.	Yr.		
Hours per Week _____					
Starting Salary \$ _____ per _____					
Last Salary \$ _____ per _____					

Specific Duties

Number of employees supervised (if applicable) _____

(Job 3) Previous Job					
From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.

Hours per Week _____

Starting Salary \$ _____ per _____

Last Salary \$ _____ per _____

Employer _____

Address _____

Phone Number _____

Your Job Title _____

Supervisor's Name & Title _____

Reason for Leaving Position _____

Specific Duties _____

Number of employees supervised (if applicable) _____

(Job 4) Previous Job					
From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.

Hours per Week _____

Starting Salary \$ _____ per _____

Last Salary \$ _____ per _____

Employer _____

Address _____

Phone Number _____

Your Job Title _____

Supervisor's Name & Title _____

Reason for Leaving Position _____

Specific Duties _____

Number of employees supervised (if applicable) _____

9. LIST ALL PERIODS OF UNEMPLOYMENT DURING THE PAST 10 YEARS

From		To		Explanation
Mo.	Yr.	Mo.	Yr.	

10. SPECIFIC SKILLS — List below the job number (1-4) from your Employment Record (Section 8) & total number of months of experience in **skillfully** operating the equipment &/or total number of months of substantial experience in craft(s), trade(s), or technical profession(s).

Job Number	List of Office & Related Equipment Operated	No. of Months	List of All Other Equipment Operated	No. of Months

11. List membership(s) in professional, job-related organizations _____

12. List any active professional, technical, occupational licenses or certificates & registrations you now hold _____

13. List awards, commendations, or other recognition received for outstanding achievement in school, military service, your work, or civic duties _____

14. Have you ever used a legal name other than the one indicated on Page 1? Yes _____ No _____
 If yes, indicate name(s) and dates used _____

15. **MILITARY SERVICE.**
 Did you serve in the Armed Services? Yes _____ No _____ Is your discharge honorable? Yes _____ No _____

16. Have you ever worked for Spalding County government?
 Yes _____ No _____
 If yes, please give date(s) of employment _____

 Position title _____
 Department(s) _____

17. Are you related to a Spalding County employee or elected official?
 Yes _____ No _____
 If yes, please give the person(s):
 Name _____
 Relationship to you _____
 Department(s) _____

18. Have you ever been CONVICTED of ANY violation of the law, other than minor traffic offenses, or pleaded NOLO CONTENDERE to criminal charges, even if the adjudication was withheld? Yes _____ No _____ If yes, please give:
 Name of offense _____
 Name & location of court _____
 Disposition of case _____ Date _____
NOTE: A conviction will not automatically disqualify you from employment by the County. The nature of the offense, how long ago it occurred, the relationship to this job, etc., are given consideration.

19. How did you learn about the position for which you are applying? — Check the response that applies...
 ___ Newspaper ad ___ Visit to Courthouse Annex ___ Georgia Department of Labor
 ___ County Employee ___ Human Resources Director ___ Recruiting Program - Career Day
 ___ High School ___ County Website (please specify) _____
 ___ Other Source (please specify) _____

20. **REFERENCES:** List three (3) references who are not relatives or former employers.

Name & Occupation	Address	Phone No.	Years Known

REQUIRED EDUCATION & BACKGROUND INFORMATION: The position announcement contains a description of the experience and/or education required for the position. Applicants are responsible for clearly explaining prior work experience &/or providing all information which supports the application at the time the application is filed. **Proof of education from an accredited school must be submitted with the application.** Nothing can be added to the application after the announcement period has closed. NOTE: Materials submitted with applications become the property of the County & cannot be returned.

IF THIS CLASSIFICATION REQUIRES ABILITY TO DRIVE COUNTY VEHICLES the successful applicant must possess a current valid Georgia Driver's License appropriate for the job.

IDENTIFICATION REQUIREMENTS: In accordance with the Immigration Reform & Control Act of 1986 an employee must present proof of identity & eligibility to work in the U.S. within three days of employment. The Internal Revenue Service requires an employee to present a valid Social Security card.

NOTE: Employment applications must be received in Human Resources no later than 5:00 pm on the closing date (shown on the position announcement). Applications may be returned in-person; by mail to the Human Resources Department, P. O. Box 1087, Griffin, GA 30224-1087; faxed to 678-734-3142; or emailed to Employment@spaldingcounty.com.

IMPORTANT: Employment is contingent on verification of an applicant's employment & background record. Persons selected for employment must pass a post-offer medical examination by a County designated physician. The medical examination may include testing for the use of drugs &/or controlled substances. All applicants & employees are subject to the County's Alcohol & Substance Abuse policy.

APPLICANT: PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW. UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED. I hereby certify that each response on this application & all other information I have furnished in applying for employment with the Spalding County is true & correct. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification from employment or to discharge at any time. If I receive an offer of employment, I consent to any required medical examination including any required testing for the use of drugs &/or controlled substances. Further, I release Spalding County, its officers, agents, and employees from any liability whatsoever in connection with such a medical examination or the use of the test results.

SPALDING COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

Signature of applicant _____ Date _____

Spalding County Board of Commissioners

119. E Solomon Street, P.O. Box 1087
Griffin, Georgia 30224

Spalding County, Georgia, is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, the County will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.

EEO-4 SELF-IDENTIFICATION INFORMATION FORM

The following information is requested for statistical reporting purposes to government agencies. The information you provide will not be sent to the department you are referred to for employment consideration.

Date: _____

Name: _____

Job/Position Applied for: _____

Date of Birth: _____

Sex: _____ Female _____ Male

Race / Ethnic Categories (Check One)

_____ **WHITE** (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

_____ **BLACK** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

_____ **HISPANIC**: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

_____ **ASIAN OR PACIFIC ISLANDER**: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for examples, China, India, Japan, Korea, the Philippine Islands and Samoa.

_____ **AMERICAN INDIAN OR ALASKAN NATIVE**: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Do you have a disability that may require a reasonable accommodation in order to perform the essential functions of the job? If so, please specify:

Criminal History & Motor Vehicle Record Information Consent Form

All Applicants for Employment

I hereby give my consent for Spalding County to conduct a criminal history record check at any time prior to or during my employment. I understand that this consent is voluntary, however I acknowledge that refusal to give this consent may have an adverse effect on my employment or continued employment.

I hereby give my consent for Spalding County to conduct a driver's license record check at any time prior to or during my employment. I understand that this consent is voluntary, however I acknowledge that refusal to give this consent may have an adverse effect on my employment or continued employment.

Special Notice to Applicants for Law Enforcement Positions

The passage of revisions to the Federal Omnibus Consolidation Appropriations Act of 1997 and its amendment to the Gun Control Act of 1968 makes it unlawful for any person convicted of a misdemeanor crime of domestic violence to ship, transport, possess, or receive firearms or ammunition, including law enforcement personnel. There are no provisions in this law for exemptions.

Print Your Full Name

Street Address

City, State, Zip Code

Sex

Race

Date of Birth

Social Security #

Driver's License Number

State of Issue

Expiration Date

List all other states in which you have lived. _____

List all other states in which you have held a driver's license. _____

Signature

Date

The Human Resources Department requests the following Criminal History Record Check:

_____ Purpose Code E – General Employment

_____ Purpose Code N – Employment With Elder Care

_____ Purpose Code W – Employment With Children

_____ Purpose Code J – Employment With Criminal Justice Agency (non-sworn)

_____ Purpose Code Z – Employment With Criminal Justice Agency (sworn)

Employment Reference Check Consent & Authorization Form

I have applied for employment with Spalding County and have provided information about my previous employment. My signature below authorizes my former or current employers and references to release the contents of my employment record with their organizations and to provide any additional information that may be necessary for my application for employment to Spalding County, whether the information is positive or negative.

I authorize Spalding County to investigate all statements made in my application for employment and to obtain any and all information concerning my former/current employment. This includes my job performance appraisals/evaluations, wage history, disciplinary action(s) if any, and all other matters pertaining to my employment history.

I knowingly and voluntarily release all former and current employers, references, and Spalding County from any and all liability arising from their giving or receiving information about my employment history, my education or qualifications, and my suitability for employment with Spalding County.

This form may be photocopied or reproduced as a facsimile, and these copies will be as effective as the original which I sign.

Applicant Name (please print) _____

Other Name(s) Used (like maiden) _____

Applicant Signature _____

Date _____