



SPALDING COUNTY BOARD OF COMMISSIONERS

119 E. Solomon St. P.O. Box 1087
Griffin, GA 30224
www.spaldingcounty.com

EMPLOYMENT APPLICATION

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

TO APPLY: Applicants must use the county’s official application form. Resumes may not be submitted in lieu of this application. Completed applications may be submitted in any of the following ways: 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 678-734-3142; or e-mailed Employment@spaldingcounty.com.

Proof of education (high school diploma, transcript, or GED) must be attached in order for an application to be considered.
** For special communication needs, contact Human Resources in-person or at 770-467-4231.*

POSITION APPLIED FOR		JOB ANNOUNCEMENT NUMBER	
<p>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, print of type N/A (not applicable). You may attach copies of documents or certificates that 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.</p> <p>YOU MUST SIGN THIS APPLICATION AND ALL REQUIRED SUPPLEMENTAL FORMS FOR YOUR APPLICATION TO BE CONSIDERED.</p>			
Last Name	First	M.I.	
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone			
E-mail Address (will be used for employment related communication)			
Driver’s License	Yes <input type="checkbox"/>	No <input type="checkbox"/>	License Number
			State
			Exp. Date
License Type:	Operator	CDL	Class
			Endorsements
Are you a citizen of the United States?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		If no, are you authorized to work in the U.S.?	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Legal Names:			

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.

EDUCATION (A DIPLOMA, TRANSCRIPT OR GED MUST BE ATTACHED TO APPLICATION)

High School				Address				
From		To		Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diploma <input type="checkbox"/>	GED <input type="checkbox"/>
College				Address				
From		To		Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree	

PREVIOUS EMPLOYMENT

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 the Section below. **NOTE:** Complete addresses with city, state, zip codes, and phone numbers are necessary.

Employer				Phone			
Address				Supervisor			
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Number of employees supervised	

PREVIOUS EMPLOYMENT

Employer				Phone			
Address				Supervisor			
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Number of employees supervised	

PREVIOUS EMPLOYMENT

Employer		Phone	
Address		Supervisor	
Job Title		Starting Salary	\$
		Ending Salary	\$
Responsibilities			
From		To	
		Reason for Leaving	
May we contact your previous supervisor for a reference?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Number of employees supervised	
Employer		Phone	
Address		Supervisor	
Job Title		Starting Salary	\$
		Ending Salary	\$
Responsibilities			
From		To	
		Reason for Leaving	
May we contact your previous supervisor for a reference?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Number of employees supervised	

LIST ALL PERIODS OF UNEMPLOYMENT DURING THE PAST 10 YEARS

From		To		EXPLANATION
Month	Year	Month	Year	

SPECIFIC SKILLS

List below the 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).

Equipment Operated	No. of months

List membership(s) in professional, job-related organizations:

--

List any active professional, technical, occupational licenses or certificates & registrations you now hold:

--

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

--

MILITARY SERVICE

Did you serve in the military? Yes No Type of Discharge _____

If other than honorable, explain. _____

MISCELLANEOUS

Have you ever worked for Spalding County government? Yes No If yes, list positions and departments _____

Are you related to a Spalding County employee or Elected Official? Yes No If yes, name person, relationship, and department _____

How did you learn about the position?

- | | | |
|--|--|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> County Employee | <input type="checkbox"/> High School |
| <input type="checkbox"/> Visit to Courthouse Annex | <input type="checkbox"/> Human Resources Director | <input type="checkbox"/> County Website |
| <input type="checkbox"/> Georgia Department of Labor | <input type="checkbox"/> Recruiting Program – Career Day | <input type="checkbox"/> Other (please specify) |

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, list name of offense, name and location of court, disposition of case, and date: _____

NOTE: A conviction will not automatically disqualify you from employment by Spalding County. The nature of the offense, how long ago it occurred, the relationship to this job, etc., are given consideration.

REFERENCES – LIST 3 PROFESSIONAL REFERENCES

Full Name		Relationship	
Address		Phone	
Full Name		Relationship	
Address		Phone	
Full Name		Relationship	
Address		Phone	

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 applicants 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 IRS 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 _____



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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.

Form with fields for Name Last, First, Middle, Street Address, Apartment/Unit #, City, State, ZIP, Sex, Race, Date of Birth, Social Security #, Driver's License #, State of Issue, Expiration Date, and two sections for listing other states lived in and held a driver's license in.

Signature of Applicant _____ Date _____

HUMAN RESOURCES WILL COMPLETE THIS SECTION:

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)



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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.

Name Last		First		Middle	
List Other Name(s) Used (like maiden)					

By entering my name in the area below, I am giving authorization as would my signature.

Signature of Applicant _____ Date _____



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EEO-4 SELF-IDENTIFICATION INFORMATION FORM

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.

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	
------	--	------	--

Position Applied For		Date of Birth	
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Sex	Female <input type="checkbox"/>	Male <input type="checkbox"/>	
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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? Yes No

If yes, please specify below.