

**HART COUNTY
EMPLOYMENT APPLICATION
DRUG FREE WORKPLACE**

Date: _____

Please print and use ink

I. Personal Information

Last name _____ First _____ Middle Initial _____

Present Address _____ City _____ State _____ Zip Code _____

Home/Cell Phone _____ Work Phone _____

Person we may contact if you are unavailable _____ Phone Number _____

II. Position

Position Applied For: _____

Date Available For Employment: _____

III. Education

High School: _____10 _____11 _____12 _____GED

Business/Tech School: _____1 _____2 _____3 _____4 Course of Study _____

College: _____1 _____2 _____3 _____4 Course of Study _____

Graduate School: _____1 _____2 _____3 _____4 Course of Study _____

I hereby authorize the above school(s) to release information regarding my education. I hereby release the County and said school(s) from liability for any damages in connection with the disclosure of the information. A copy of this authorization shall be deemed an original.

IV. General Information

Have you filed an application with the county within the past 90 days? ___Yes ___No

Note: applications are held in our files for no longer than 90 days. You must reapply after that time.

Have you ever been employed with the County? ___Yes ___No

When? _____ Position _____

Are you related to anyone currently employed by the County? ___Yes ___No

If yes, Relative's Name _____

If you are not a citizen of the United States, can you submit legal verification of your right to work in the United States? ___Yes ___No

In accordance with the Immigration Reform and Control Act of 1986, proof of authorization to be employed in the United States will be required of all employees. Failure to establish such proof will prohibit or discontinue your employment.

Have you ever been convicted of a felony? ___Yes ___No

If yes, give dates and type of offense(s): _____

Have you served in the military? ___Yes ___No

If yes, when? _____

Serial # _____

Branch of Service _____

V. Employment Record

List most recent position first

Employer: _____

Address: _____

From: _____ to _____ Position: _____

Supervisor's name and phone number: _____

Starting wage/salary: _____ Ending wage/salary: _____

Reason for leaving: _____

Employer: _____

Address: _____

From: _____ to _____ Position: _____

Supervisor's name and phone number: _____

Reason for leaving: _____

Employer: _____

Address: _____

From: _____ to _____ Position: _____

Supervisor's name and phone number: _____

Reason for leaving: _____

I hereby authorize the above-named employers to release information regarding my employment. I hereby release the County and said employers from liability for and damages in connection with the disclosure of the information. A copy of this authorization shall be deemed an original.

The County may contact my present and previous employers(s) Yes No

Unemployment Record

Account for all periods of unemployment of 4 or more weeks duration for the last 5 years or since you left school.

From: _____ to _____

State what you were doing during that time: _____

VII. Driving Record

To be completed by applicants for County positions that requires driving a Hart County vehicle.

Do you have a valid driver's license? Yes No

Driver's license # _____ Expiration Date _____

Have you had any traffic violations within the past 3 years? Yes No

If yes, give dates and types of violation(s) _____

I hereby direct the Department of Public Safety of Georgia, or any other authorized agency to whom this authorization may be presented, to release to the County Personnel Officer an abstract of my driving record for the past 3 years to be reviewed by the Personnel Officer and County Administrator in processing my employment application and determining my suitability for hiring.

Please provide any other information relevant to your qualifications for the position applied for which you feel would increase your value as an employee:

I understand that a physical examination, including a drug test, will be required if I am employed by the County, and that my employment is contingent upon the results of the examination.

I certify that all the information in the application is complete and true to the best of my knowledge. I understand that false information or significant omissions may disqualify me from further consideration for employment and may be considered justification for termination if discovered at a later date.

Should I be employed by the County, I agree to conform to the County's policies and procedures, and agree that as an at-will employee, my employment and compensation can be terminated at any time for any or no reason, with or without notice, at the option of either the County or myself.

Date

Applicant's signature

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

Can you perform the essential functions of the job, for which you are applying, either with or without reasonable accommodation? YES NO

CRIMINAL HISTORY CONSENT FORM

The undersigned hereby authorizes the Hart County Sheriffs Department to inquire and receive any criminal history record pertaining to me which may be in the files of any state or local criminal justice agency, and finish said record to the Hart County Board of Commissioners.

Full Name printed

Address

City, State, Zip

Sex

Date of Birth

Race

Social Security Number

Signature

Notary Public

My commission expires: _____

Date Notarized: _____

There is NO criminal history record found on this subject

The criminal history record on this subject is attached

Hart County Sheriffs Department