

EMPLOYMENT APPLICATION

ATKINSON COUNTY  
P.O. BOX 518, 86 MAIN STREET S.  
PEARSON, GA 31642  
PHONE: 912-422-3391 FAX: 912-422-3429

A DRUG FREE WORKPLACE  
AND  
AN EQUAL OPPORTUNITY EMPLOYER

Date of Application: \_\_\_\_\_

PERSONAL INFORMATION

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

Phone: \_\_\_\_\_  
(Day Time) (Evening) (Cell)

Are you authorized to be employed in the United States? YES \_\_\_\_\_ NO \_\_\_\_\_

NOTE: If offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in a determination that the applicant is ineligible for employment in the United States.

Position Applied For: \_\_\_\_\_

How did you learn of this available position? \_\_\_\_\_

If hired on what date will you be available to start work? \_\_\_\_\_

Are you available to work any time of the day? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you available to work any day of the week? YES \_\_\_\_\_ NO \_\_\_\_\_

The Atkinson County Board of Commissioners is an equal opportunity employer and provides fair and equal employment opportunities to all applicants for employment and employees without regard to race, color, religion, natural origin, age, sex, or disability.

Do you have relatives working for the Atkinson County Government? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES please give names and relationship: \_\_\_\_\_

\_\_\_\_\_

List licenses/certificates related to position applied for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### EDUCATIONAL BACKGROUND

Please List Name and Address of High School or Technical School Attended:

1. \_\_\_\_\_

Did You Graduate YES \_\_\_\_\_ NO \_\_\_\_\_ Highest Grade Completed? \_\_\_\_\_

Major Degree: \_\_\_\_\_

2. \_\_\_\_\_

Did You Graduate YES \_\_\_\_\_ NO \_\_\_\_\_ Highest Grade Completed? \_\_\_\_\_

Major Degree: \_\_\_\_\_

3. \_\_\_\_\_

Did You Graduate YES \_\_\_\_\_ NO \_\_\_\_\_ Highest Grade Completed? \_\_\_\_\_

Major Degree: \_\_\_\_\_

4. \_\_\_\_\_

Did You Graduate YES \_\_\_\_\_ NO \_\_\_\_\_ Highest Grade Completed? \_\_\_\_\_

Major Degree: \_\_\_\_\_

Describe special vocational or business courses you have taken which relate to the job for which you are applying. \_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested AND convicted for violating any law? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES furnish details as to dates, places, and nature of offenses and penalties: \_\_\_\_\_

\_\_\_\_\_

(A YES will not necessarily disqualify you from employment).

### ALL APPLICANTS MUST POSSESS A VALID DRIVER'S LICENSE:

Do you have a valid driver's license? YES \_\_\_\_\_ NO \_\_\_\_\_

Which State? \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

What Class of License/Endorsements? \_\_\_\_\_.

Have you had any traffic violations in the past three (3) years? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES indicate type of offense and dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

I hereby direct the Department of Public Safety of Georgia or any other authorized agency to release to Atkinson County Board of Commissioners an abstract of my driving record for the past three (3) year period to be reviewed for use in processing my employment application and determining my suitability for employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### PRIOR WORK HISTORY

Employment History (Please cover employment for the past ten (10) years).

Employer \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Job Title \_\_\_\_\_ Salary \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
List Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Job Title \_\_\_\_\_ Salary \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
List Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Job Title \_\_\_\_\_ Salary \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
List Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Job Title \_\_\_\_\_ Salary \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
List Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

REFERENCES:

May we contact your present employer? YES \_\_\_\_\_ NO \_\_\_\_\_  
(A "NO" answer will not harm your chances for employment)

Personal Work References:

(Please list at least two most recent or current supervisors and a character reference which we have your permission to contact)

Name and Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Name and Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Name and Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

ADDITIONAL INFORMATION

List any special qualifications and skills (licenses, skills with machines or office equipment, tools, public speaking, memberships in professional or scientific societies, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Typing Speed \_\_\_\_\_ WPM Computer Experience YES \_\_\_\_\_ NO \_\_\_\_\_

Explain: \_\_\_\_\_

Are you over twenty one (21) years of age? YES \_\_\_\_\_ NO \_\_\_\_\_

## APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY  
(ASK FOR CLARIFICATION IF NEEDED)

The undersigned has applied for employment with the Atkinson County Board of Commissioners and hereby authorized the Atkinson County Board of Commissioners to contact my current and former employers and references for the purpose of acquiring information regarding me. I hereby authorize such employers and references to supply such information verbally or in writing to the Atkinson County Board of Commissioners. In consideration for their furnishing such information, I hereby waive any and all claims against such former employers and references, which may arise from their furnishing such information. I understand the Atkinson County Board of Commissioners has a Substance Abuse Prevention Program which includes drug testing. I agree to comply with applicable County policy. I understand that once offered a position I will be required to complete a pre-employment medical physical and drug screening. I understand that once offered a position I may be required to pass a physical examination as a condition of continued employment. I certify that the answers given by me to all of the question on the application are to the best of my knowledge and belief true and correct. I further affirm that I have not knowingly withheld any facts or circumstances that would detrimentally affect my application for employment, and I understand that any misleading or incorrect statement may render this application void and would be cause for dismissal, if employed.

**I AGREE THAT IF HIRED, THE ATKINSON COUNTY BOARD OF COMMISSIONERS OR I MAY TERMINATE MY EMPLOYMENT WITHIN A 60 DAY PERIOD WITH OR WITHOUT CAUSE. IF TERMINATED WITHIN 60 DAYS, I AGREE TO REIMBURSE THE ATKINSON COUNTY BOARD OF COMMISSIONERS FOR MY MEDICAL PHYSICAL AND DRUG TEST.**

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

Date \_\_\_\_\_

Atkinson County Board of Commissioners  
P.O. Box 518  
Pearson, GA 31642  
Phone (912) 422-3391

**CONSENT FORM**

I hereby authorize the Atkinson County Board of Commissioners to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

**PRINT CLEARLY**

\_\_\_\_\_  
(Full Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

Sex: (check one) \_\_\_\_\_ FEMALE \_\_\_\_\_ MALE

Race: (check one)

\_\_\_\_\_ White-Not of Hispanic Origin

\_\_\_\_\_ Black-Not of Hispanic Origin

\_\_\_\_\_ Hispanic

\_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ Asian or Pacific Islander

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(DD) (MM) (YY)

Signature \_\_\_\_\_

Date \_\_\_\_\_

## EMPLOYMENT APPLICATION FLOW DATA

Position \_\_\_\_\_

Information on sex, race, and ethnic background is being collected for record keeping and compliance with Federal Law. Your answers to these questions are VOLUNTARY and will only be used for statistical reporting purposes. Your voluntary reply will in no way affect your consideration for this or future chances of employment with this organization. Upon receipt of your application, this information will be removed from and kept separately from the application files and will not be used as a basis for making employment decisions. If you choose not to provide the information, a negative response is encouraged (Answer #1, check item #2, and return the form along with your application) your negative reply will be handled in the same manner explained above.

1. Name \_\_\_\_\_  
(Last) (First) (Middle)

2. \_\_\_\_\_ I choose to provide the information requested below.

\_\_\_\_\_ I choose not to provide the information requested below.

3. Race: (check one)

\_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ Asian or Pacific Islander

\_\_\_\_\_ White-Not of Hispanic Origin

\_\_\_\_\_ Black-Not of Hispanic Origin

\_\_\_\_\_ Hispanic

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

4. Sex: (check one)

\_\_\_\_\_ FEMALE

\_\_\_\_\_ MALE

5. Age \_\_\_\_\_

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