

PIERCE COUNTY BOARD OF COMMISSIONERS

P. O. BOX 679

BLACKSHEAR, GA 31516

(912) 449-2022

APPLICATION FOR EMPLOYMENT

(WE ARE AN EQUAL OPPORTUNITY EMPLOYER)

(PLEASE PRINT OR TYPE)

POSITION APPLIED FOR:

I understand that the County is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring, promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap or disability, or any other category protected by federal, state or local law.

I understand that the County reserves the right, to the extent permitted by law, to require drug and alcohol screening test of an applicant or employee either prior to employment or any time during employment and I hereby give my consent to any such tests. I understand that as a condition of employment by the County. I will consent to an alcohol and drug screen test. I understand that I must pass this screening test in order to be employed by the County. I consent to the release of the results of any such tests to the County or its designee. I release the County and its designee from any and all liability and damages that may result or arise from any drug test or the provision of information in connection with such a test.

I understand that this employment application and any other County documents are not promises of employment. Should I be employed, I understand that my employment will be on a trial period for 6 months from the day of my hiring, and that I will remain an at-will employee thereafter. I further understand that, if I am employed, I can terminate my employment at any time with or without cause and with or without advance notice, and that the County has a similar right. I understand that no department head, representative, or agent of the County has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, except that the County's Chairman of the Board may do so in writing.

I certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that a false statement of fact on this application constitute grounds for refusal of employment and for dismissal should the falsity of the statement be determined following the date of my employment. I authorize the County to investigate my personal and employment history to investigate my personal and employment history to determine my qualifications and fitness for the position applied for. I authorize former and present employers, work and personal references listed in the application, and any other individuals I may name to give the County or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing same to the County. I also authorize the County to provide truthful information concerning my employment with it to future employers and I agree to hold it harmless for providing such information.

I AUTHORIZE PIERCE 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.

FULL PRINTED NAME: _____ **DATE OF BIRTH:** _____

ADDRESS: _____ **CITY:** _____

STATE _____ **ZIP CODE:** _____ **SOCIAL SECURITY NO.:** _____

THIS APPLICATION WILL BE CONSIDERED "ACTIVE" FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

DO NOT SIGN UNTIL YOU READ AND UNDERSTAND THIS STATEMENT

DATE

APPLICANTS SIGNATURE

(Each inquiry on this application must be fully answered or completed. Otherwise you will not be considered for employment.)

PERSONAL DATA:

LAST NAME	FIRST NAME	MIDDLE NAME
PRESENT ADDRESS: STREET & NUMBER CITY, STATE, ZIP		HOW LONG HAVE YOU LIVED THERE? YEARS MONTHS
PREVIOUS ADDRESS: STREET & NUMBER CITY, STATE, ZIP		HOW LONG DID YOU LIVE THERE? YEARS MONTHS
TELEPHONE NUMBER (S)	SOCIAL SECURITY NUMBER	ARE YOU 18 YEARS OF AGE OR OLDER?
POSITION DESIRED: _____ PLACEMENT DESIRED: FULL-TIME PART-TIME		
WHEN ARE YOU AVAILABLE FOR WORK? _____		

PREVIOUS EMPLOYMENT

Please list the names of your present or previous employer **in chronological order with present or last employer listed first**. Include part-time and seasonal employment. If self-employed, give firms name and supply business references. **DO NOT ANSWER "SEE RESUME"**. Fill out the form completely.

EMPLOYER 1		DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
TELEPHONE NUMBER (S)				
ADDRESS		HOURLY RATE/SALARY		
		STARTING	FINAL	
JOB TITLE	SUPERVISOR NAME/TITLE			
REASON FOR LEAVING				
EMPLOYER 2		DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
TELEPHONE NUMBER (S)				
ADDRESS		HOURLY RATE/SALARY		
		STARTING	FINAL	
JOB TITLE	SUPERVISOR NAME/TITLE			

REASON FOR LEAVING			
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EMPLOYER 3		DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
TELEPHONE NUMBER (S)				
ADDRESS		HOURLY RATE/SALARY		
		STARTING	FINAL	
JOB TITLE	SUPERVISOR NAME/TITLE			
REASON FOR LEAVING				
EMPLOYER 4		DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
TELEPHONE NUMBER (S)				
ADDRESS		HOURLY RATE/SALARY		
		STARTING	FINAL	
JOB TITLE	SUPERVISOR NAME/TITLE			
REASON FOR LEAVING				

BACKGROUND INFORMATION

Please explain fully any gaps in your employment history. Be sure to account for all periods of time including military service and any period of unemployment.

List any other names that you may have used and which will be necessary to verify your prior employment:

If hired, can you provide proof that you are legally entitled to work in the U.S.? Yes No

If not, what steps must be taken for you to begin employment lawfully? _____

Have you ever been terminated or asked to resign from any job? Yes No

If yes, please explain circumstances. _____

May we contact your current employer? Yes No

If no, please explain. _____

Have you ever worked for the County before? Yes No

If yes, please give dates and position. _____

Do you have any friends or relatives working here? Yes No

If yes, Name(s) and relationship. _____

How were you referred to us? _____

Have you ever pled "no contest", nolo, or guilty to a crime, or been convicted of a crime? Yes No

Are any charges currently pending against you? Yes No

Has any adjudication ever been withheld? Yes No

(NOTE: Answering "yes" to these questions does not constitute an automatic bar to employment). If you answered yes to any of the preceding questions, please give dates and details:

Do you have any commitments to any other employer that may affect your employment? Yes No

If yes, explain: _____

References – Please List 3 Professional References:

Name Address Telephone No.

Name Address Telephone No.

Name Address Telephone No.

School Name	Years Completed	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Experience, Training, Skills, and Extra-Curricular Activities
Elementary	4 5 6 7 8			
High School	9 10 11 12			
College/University/Technical	1 2 3 4			
Graduate/Professional	1 2 3 4			

Please indicate positions you have held in prior jobs:

Management/Supervision

- General Manager
- Operations Manager
- Sales Manager
- Warehouse Manager
- Office Manager
- Traffic Manager

Office/Administrative

- Accounting: Payable/Receivable
- General Clerical
- Cashier
- File Clerk
- Secretary (wpm: _____)

- Courier
- Customer Service Representative
- Switchboard/Receptionist
- Other: _____

Delivery

- Tractor trailers
- Local route delivery
- Driver/salesman
- Helper
- Other

Warehouse

- Stock Clerk
- Fork Lift Operator
- Order Picker/Puller
- Stacker/Loader
- Shipping/Receiving Clerk

Other

- Maintenance
- Housekeeping
- Security Guard
- Mechanic
- Other: _____

List any professional designations, certifications, licenses, or courses that may be applicable to the position for which you are applying:

DRIVING INFORMATION

Do you have a current valid driver's license? Yes No. If yes, License No.: _____ State: _____

Expiration Date: _____

Has your license ever been suspended or revoked? Yes No. If yes, explain: _____

Have you ever been convicted, pled guilty or pled nolo to a charge of DWI or DUI? Yes No. If yes, explain:

Please list all moving traffic violations in the last five- (5) years:

OFFENSE	DATE	LOCATION	COMMENTS

OTHER INFORMATION: Please describe any other experience that you may have which would be relevant to the job for which you are applying:

CONSENT FORM

I HEREBY AUTHORIZE PIERCE COUNTY BOARD OF COMMISSIONERS TO OBTAIN A CREDIT HISTORY REPORT ON ME FROM ANY LEGITIMATE CREDIT REPORTING BUREAU WHICH THEY SO DESIRE AND ALSO TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY. A COPY OF YOUR DRIVERS LICENSE OR CURRENT PICTURE IDENTIFICATION CARD IS REQUIRED.

FULL NAME PRINTED

ADDRESS

CITY

STATE

ZIP

SEX

RACE

DATE OF BIRTH

SOCIAL SEC. NO.

SIGNATURE

DATE

NOTARY

DATE

(SEAL)