

**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. (OPTIONAL):** \_\_\_\_\_

**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 (OPTIONAL)	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.

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

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

**Office/Administrative**

- Accounting: Payable/Receivable
- General Clerical
- Cashier

- Courier
- Customer Service Representative

Warehouse Manager

File Clerk

Switchboard/Receptionist

Office Manager

Secretary (wpm: \_\_\_\_\_)

Other: \_\_\_\_\_

Traffic Manager

**Delivery**

**Warehouse**

**Other**

Tractor trailers

Stock Clerk

Maintenance

Local route delivery

Fork Lift Operator

Housekeeping

Driver/salesman

Order Picker/Puller

Security Guard

Helper

Stacker/Loader

Mechanic

Other

Shipping/Receiving Clerk

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.  
(OPTIONAL)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NOTARY

\_\_\_\_\_  
DATE

(SEAL)

# MOTOR VEHICLE RECORD AUTHORIZATION FORM

**Print Name** \_\_\_\_\_

**SS #** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Driver's License #** \_\_\_\_\_ **State** \_\_\_\_\_

It is the policy of Pierce County and a requirement of employment that every employee filling a position that requires a valid driver's license have a motor vehicle record (MVR) specified grading requirements. This MVR policy applies both to drivers of county-owned vehicles and employees using personal vehicles in the course of their employment as well.

Employee MVR's will be examined prior to the date of employment and every three (3) years thereafter. Any job offer made where the job requires a valid driver's license will be contingent upon a MVR meeting the required standards. Continued employment with the county in a position requiring a valid driver's license will require a MVR meeting the specified standards.

All violations will be reviewed by the County Clerk, Department Head and the Chairman and may result in disciplinary action, up to and including termination, depending on severity of the violation.

I have read, understand and agree to abide by the above policy.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**



## **Pre-Employment Drug Testing Acknowledgement**

I, hereby acknowledge and understand that, as part of my application for employment for a position which involves the performance of safety-sensitive functions as defined by 49 CFR Part 655, as amended, I must submit to a urine drug test under the authority of the U.S. Department of Transportation, Federal Transit Administration. I acknowledge and understand that any offer of employment is contingent on the passing of the aforementioned drug test and I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result having no evidence of prohibited drug use.

_____ <b>Signature of Applicant</b>	_____ <b>Date</b>
--	----------------------

_____ <b>Print Name</b>	_____ <b>Date</b>
----------------------------	----------------------

**Witness:**

_____ <b>Signature</b>	_____ <b>Date</b>
---------------------------	----------------------

\_\_\_\_\_  
**Print Name**

*(Your application will not be considered for employment of a covered safety-sensitive position unless this acknowledgement is completed and signed.)*

**Job Title: TRANSPORTATION DRIVER**  
**Department: Pierce Transit**

**Wage Category:**  
**Pay Grade: \$7.45 / hourly**

An individual in this position performs minimal administrative and clerical work. The transit drivers' main responsibility is for the safe transport of its passengers. Work requires some independent judgment and initiative and is performed under the general

**Examples of work:** A person in this position typically performs the following examples of duties and associated tasks under the supervision of the Transit Director. No attempt is made to be exhaustive in this listing.

**Duties:**

1. Assist Director in establishing program goals and objectives along with the mechanisms required to accomplish them.
2. Responsible for program assets including inventories and records of such in their assigned vehicle.
3. Responsible for required reports to supervisors.
4. Responsible for proper daily maintenance and inspection of assigned vehicle.
5. Conforming to and enforcing agency procedures, including personnel and administrative directives.
6. Responsible for other related duties as assigned by the supervisor or other management.

**SPECIFIC REQUIREMENTS:**

21 years of age or older  
Safety critical (DRUG FREE WORK PLACE)  
Criminal records check  
Reliable automobile to use in work-(MVR FOR FIVE YEARS) can be obtained at GSP  
Auto liability insurance  
Drivers license type: General  
Extended time and travel  
Physical: Must be able to lift **50 pounds**  
Able to pass defensive driving course  
CPR / First Aid  
Wheelchair securement

**Minimum Education and experience requirements**

The following standards express the minimum background of training and experience required as evidence of an applicant's ability to qualify for positions of this class. Other training or experience, if evaluated as equivalent, may be substituted.

- A) High School or GED equivalent diploma