

# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
-------------------------	---------------------

How Did You Learn About Us?	Relative	Inquiry
Advertisement	Friend	Other
Employment Agency		

Last Name	First Name	Middle Name
-----------	------------	-------------

Address	Number	Street	City	State	Zip Code
---------	--------	--------	------	-------	----------

Telephone Number(s)	Social Security Number
---------------------	------------------------

Best time to contact you at home is: ..... : ..... AM PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? ..... Yes No

Have you ever filed an application with us before? ..... Yes No  
If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? ..... Yes No  
If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here?..... Yes No

Are you currently employed? ..... Yes No

May we contact your present employer? ..... Yes No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status?  
*Proof of citizenship or immigration status will be required upon employment.* ..... Yes No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work: Full-Time (please indicate 1 2 3 shift)  
Part-Time (please indicate Mornings Afternoon Evenings)  
Temporary (please indicate dates available \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)

Are you currently on "lay-off" status and subject to recall? ..... Yes No

Can you travel if a job requires it? ..... Yes No

# EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

---



---



---



---



---



---



---



---

Describe any job-related training received in the United States military.

---



---



---



---



---



---



---

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

---



---



---



---



---



---



---



---



---



---

# ADDITIONAL INFORMATION

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

---

---

---

---

## SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

Terminal	Spreadsheet	Production/Mobile	
PC/Mac/Linux	Word Processing	Machinery (list)	Other (list
Typewriter	Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

---

---

---

---

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

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

## REFERENCES

1. \_\_\_\_\_ (Name) \_\_\_\_\_ ( ) Phone # \_\_\_\_\_  
\_\_\_\_\_  
(Address)

2. \_\_\_\_\_ (Name) \_\_\_\_\_ ( ) Phone # \_\_\_\_\_  
\_\_\_\_\_  
(Address)

3. \_\_\_\_\_ (Name) \_\_\_\_\_ ( ) Phone # \_\_\_\_\_  
\_\_\_\_\_  
(Address)

**FOR PERSONNEL DEPARTMENT ONLY**

Position(s) Applied For Is Open:

Yes

No

Position(s) Considered For:

---

---

---

Date \_\_\_\_\_

# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer:

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

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_  
\_\_\_\_\_

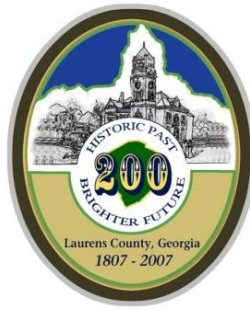
\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

Employed  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
Name and Title Date



Brenda H. Chain  
Jefferson I. Davis, IV  
Lawton E. Kemp, III  
Jimmy Rogers  
Kevin L. Tanner

Bryan Rogers  
COUNTY ADMINISTRATOR  
Billy Kight  
COUNTY ATTORNEY

# Laurens County Board of Commissioners

## DRUG/ALCOHOL TESTING

I hereby voluntarily authorize the physician, laboratory, clinic or other agent of Laurens County Board of Commissioners' choice to collect and test my voided urine for the presence of drugs, alcohol, marijuana, and other similarly prohibited substances. The test has been explained to me and I fully understand its implications with respect to my employment status.

I authorize the release of the results of these tests to Laurens County Board of Commissioners' Human Resources. Furthermore, I hold Laurens County Board of Commissioners, its officers, agents and employees harmless in using the test results for the purpose of its drug and alcohol prevention policy.

I understand that a documented "chain of custody" exists to ensure the identity and integrity of my specimen through the collection and testing process.

I understand that there will be future random drug tests, if hired, during my employ.

I have read this Consent and Release form and fully understand its contents and implications. If you do not understand, please ask for clarification.

Acknowledged and agreed to:

\_\_\_\_\_  
NAME/SIGNATURE

Dated: \_\_\_\_\_

\_\_\_\_\_  
Witness

**Name-Based Criminal History Record Information Consent/Inquiry Form**

I hereby authorize TAMMY SURINE, HUMAN RESOURCES, LAURENS COUNTY to conduct an inquiry for  
Agency/Company  
 the purpose listed below and receive any Georgia and/or national criminal history record information  
 as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for \_\_\_\_\_ days from date of signature.

I, \_\_\_\_\_, give consent to the above-named  
 entity to perform periodic criminal history background checks for the duration of my employment.

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Attorney for Individual (Pur E and U Only) Bar Number Date

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

Purpose Code Used: (check one)

<b>NON-CRIMINAL JUSTICE PURPOSES</b>	
<input checked="" type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
<b>PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)</b>	
<input type="checkbox"/>	U - Personal Copy
<b>CRIMINAL JUSTICE EMPLOYMENT</b>	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: \_\_\_\_\_

Wanting Agency Telephone: \_\_\_\_\_

\_\_\_\_\_  
 Agency Designee Signature and Title





Brenda H. Chain  
Jefferson I. Davis, IV  
Lawton E. Kemp, III  
Jimmy Rogers  
Kevin L. Tanner

Bryan Rogers  
COUNTY ADMINISTRATOR  
Billy Kight  
COUNTY ATTORNEY

## Laurens County Board of Commissioners

### MOTOR VEHICLE REPORT (MVR) CONSENT FORM

I HEREBY AUTHORIZE AND FULLY UNDERSTAND THAT PRIOR TO MY APPLICATION BEING CONSIDERED FOR EMPLOYMENT BY LAURENS COUNTY THAT THE HUMAN RESOURCES DEPARTMENT WILL ACCESS MY DRIVER'S LICENSE HISTORY, OTHERWISE KNOWN AS A MOTOR VEHICLE REPORT (MVR).

I HEREBY AUTHORIZE AND FULLY UNDERSTAND THAT AN MVR WILL BE ACCESSED ON AN ANNUAL BASIS DURING MY EMPLOY WITH LAURENS COUNTY.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SEX

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
EXPIRATION DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE