



Application for Employment
Morgan County Commissioners
P.O. Box 168
Madison Ga., 30650

Equal access to programs, services, and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Personnel Department

Please print

Position(s) applied for _____ Date of application ____ / ____ / ____.

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other (Name Source if Applicable)

Name (last, First, Middle) _____

Address _____

Telephone(____) _____ Social Security Number _____ - _____ - _____.

Best time to call you at home is, _____ : _____ am/pm Best time to call you at work is, _____ : _____ am/pm

May we contact you at work? Yes No Work Telephone (____) _____.

If you are under 18, can you provide a work permit? Yes No.

Have you filed an application here before? Yes No

If yes, provide date _____ / _____ / _____. Have you ever been employed here before? Yes No

If yes, provide dates.....From _____ / _____ / _____ To _____ / _____ / _____.

Are you legally eligible for employment in this country? Yes No
 (Proof of U.S. Citizenship or immigration status will be required upon employment)

Date available for work. _____ / _____ / _____

Type of employment desired. Full- Time Part-Time Temporary Seasonal Educational Co-op

Are you on Lay-Off and subject to recall? Yes No

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work over time if required? Yes No

Have you ever been bonded? Yes No

Have you been convicted of a felony in the past seven (7) years? Yes No
 (Such a conviction may be relevant if job required, but does not bar you from employment)

If yes, please explain _____

Drivers license number (if job related) _____

State _____

Employment History

List your last four (4) employers, assignments, or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section.

Employer	Dates Employed		Summarize the nature of the work performed and job responsibilities.
Address	From	To	
Telephone ()	Starting Hourly Rate/ Salary		
Job Title	\$	per	
Immediate Supervisor and Title	\$	per	
Reason for Leaving	Final Hourly Rate/ Salary		
	\$	per	
May we contact for reference? Yes No	\$	per	

Employer	Dates Employed		Summarize the nature of the work performed and job responsibilities.
Address	From	To	
Telephone ()	Starting Hourly Rate/ Salary		
Job Title	\$	per	
Immediate Supervisor and Title	\$	per	
Reason for Leaving	Final Hourly Rate/ Salary		
	\$	per	
May we contact for reference? Yes No	\$	per	

Employer	Dates Employed		Summarize the nature of the work performed and job responsibilities.
Address	From	To	
Telephone ()	Starting Hourly Rate/ Salary		
Job Title	\$	per	
Immediate Supervisor and Title	\$	per	
Reason for Leaving	Final Hourly Rate/ Salary		
	\$	per	
May we contact for reference? Yes No	\$	per	

Employer	Dates Employed		Summarize the nature of the work performed and job responsibilities.
Address	From	To	
Telephone ()	Starting Hourly Rate/ Salary		
Job Title	\$	per	
Immediate Supervisor and Title	\$	per	
Reason for Leaving	Final Hourly Rate/ Salary		
	\$	per	
May we contact for reference? Yes No	\$	per	

Educational Background

A. List the last three (3) schools attended, starting with the most recent. B. List the number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. & F. Major and minor fields of study (if applicable).

A. School	B. Years completed	C. Degree/Diploma	D. GPA/Class Rank	E. Major	F. Minor

List any Foreign Language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable list the school or personal references who are not related to you.

Name	Telephone	Years Known

List Professional, Trade, Business, or Civic associations and any other offices held. (Exclude any memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List any accomplishments, publications, awards. (Exclude any memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

List any additional information you would like us to consider.

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

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

Full Name (Print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

I, _____, give consent to the above named to perform periodic criminal history background checks for the duration of my employment with the Morgan County Board of Commissioners.

SPECIAL CONDITIONS

O.C.G.A. 35-3-35 IF AN ADVERSE EMPLOYMENT OR LICENSING DECISION IS MADE AGAINST THE PERSON WHOSE RECORD WAS OBTAINED UNDER THIS LAW, THE PERSON SHALL BE INFORMED:

1. THAT A RECORD WAS OBTAINED,
2. THE SPECIFIC CONTENTS OF THE RECORDS, AND, THE EFFECT THE RECORD HAD UPON THE DECISION.

FAILURE TO PROVIDE THIS INFORMATION TO THE PERSON SUBJECT TO THE ADVERSE DECISION SHALL BE A MISDEMEANOR.

G.C.I.C. REVISED (11/05)

ATTENTION

When submitting your application, you also must furnish us with a copy of your valid driver's license and Social Security Card.

If you are applying for employment with the Roads and Bridges Department OR a department where you will be operating a County vehicle you must provide us with a certified seven (7) year Motor Vehicle Report (MVR). This can be obtained at a cost of \$7.00 from any Georgia Department of Driver Services offices which are open Tuesday through Saturday 9:00-5:00. Below are some locations:

Covington:	8134 Geiger Street
Athens:	1505 US 29 North
Conyers:	2206 Eastview Parkway
Milledgeville:	200 Carl Vinson Road

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's services if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances on the contrary.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of this person's need for accommodation that would be required by the ADA.

Morgan County, Georgia maintains a Drug Free Workplace Policy and applicants may be subject to drug and alcohol testing.

With your consent Morgan County may conduct a criminal history background check on you.

Are you related to any current Morgan County Employee? Yes No

If so, what is their name and what is their relation to you_____

Signature of Applicant_____ Date ____/____/____