

Oglethorpe County Board of Commissioners
APPLICATION FOR EMPLOYMENT

**THANK YOU FOR YOUR APPLICATION
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

THIS ORGANIZATION IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE AGAINST APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, SEX, AGE, HANDICAP, OR NATIONAL ORIGIN. A CLEAR UNDERSTANDING OF YOUR BACKGROUND AND WORK HISTORY WILL AID US IN DETERMINING THE POSITION FOR WHICH YOU ARE BEST QUALIFIED. OGLETHORPE COUNTY HAS A DRUG FREE WORK ENVIRONMENT AND DOES HAVE A POLICY FOR RANDOM DRUG TESTING OF ALL EMPLOYEES.

PERSONAL

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ ALTERNATE #: _____

POSITION APPLYING FOR: _____

SALARY DESIRED: \$ _____ PER ____ YEAR ____ HOUR

DO YOU HAVE ANY PHYSICAL CONDITIONS WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING? ___NO ___YES IF YES, PLEASE DESCRIBE THE NATURE OF SUCH CONDITION: _____

ARE YOU AVAILABLE FOR: ___FULL-TIME ___PART-TIME ___DAY ___NIGHT ___WEEKENDS

IF YOUR APPLICATION IS CONSIDERED FAVORABLY, ON WHICH DATE WILL YOU BE AVAILABLE FOR WORK?

HAVE YOU EVER BEEN EMPLOYED BY OGLETHORPE COUNTY? ___YES ___NO IF YES,
WHEN: _____ WHAT DEPARTMENT: _____

EDUCATION

SCHOOL NAME AND ADDRESS OF SCHOOL DATES ATTENDED DEGREES RECEIVED

ELEMENTARY _____

HIGH SCHOOL _____

COLLEGE _____

OTHER _____

HAVE YOU RECEIVED SPECIAL TRAINING IN THE MILITARY OR OTHER SPECIAL SERVICE WHICH YOU FEEL WOULD BENEFIT YOU ON THE JOB FOR WHICH YOU ARE APPLYING? ___NO ___YES IF YES, PLEASE EXPLAIN: _____

EMPLOYMENT RECORD

1. NAME OF EMPLOYER: _____ ADDRESS: _____
FROM: _____ TO: _____ NAME/TITLE OF SUPERVISOR: _____
POSITION TITLE: _____
STARTING SALARY:\$ _____ ENDING SALARY _____

TYPE OF WORK/MAJOR DUTIES/RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

2. NAME OF EMPLOYER: _____ ADDRESS: _____
FROM: _____ TO: _____ NAME/TITLE OF SUPERVISOR: _____
POSITION TITLE: _____
STARTING SALARY:\$ _____ ENDING SALARY:\$ _____

TYPE OF WORK/MAJOR DUTIES/RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

3. NAME OF EMPLOYER: _____ ADDRESS: _____
FROM: _____ TO: _____ NAME/TITLE OF SUPERVISOR: _____
POSITION TITLE: _____
STARTING SALARY:\$ _____ ENDING SALARY:\$ _____

TYPE OF WORK/MAJOR DUTIES/RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

4. NAME OF EMPLOYER: _____ ADDRESS: _____
FROM: _____ TO: _____ NAME/TITLE OF SUPERVISOR: _____
POSITION TITLE: _____
STARTING SALARY:\$ _____ ENDING SALARY:\$ _____

TYPE OF WORK/MAJOR DUTIES/RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

5. NAME OF EMPLOYER: _____ ADDRESS: _____
FROM: _____ TO: _____ NAME/TITLE OF SUPERVISOR: _____
POSITION TITLE: _____
STARTING SALARY:\$ _____ YEARLY ENDING SALARY:\$ _____ YEARLY

TYPE OF WORK/MAJOR DUTIES/RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS: THE REQUESTED INFORMATION IS NEEDED FOR NATIONAL SECURITY LAWS, A BONA FIDE OCCUPATIONAL QUALIFICATION, BUSINESS NECESSITY OR OTHER LEGALLY PERMISSIBLE REASONS:

HOW LONG HAVE YOU LIVED AT THE PRESENT ADDRESS? _____

PREVIOUS ADDRESS: _____

SEX: ___ MALE ___ FEMALE HAVE YOU EVER BEEN BONDED? ___ NO ___ YES

IF YES, ON WHAT JOB(S)? _____

DO YOU HAVE ANY RELATIVES WORKING FOR OGLETHORPE COUNTY? ___ NO ___ YES
IF YES, PLEASE LIST: _____

DO YOU HAVE A VALID STATE OF GEORGIA DRIVER'S LICENSE? ___ NO ___ YES
DL#: _____ EXPIRATION DATE: _____

DO YOU HAVE A COMMERCIAL DRIVER'S LICENSE? ___ NO ___ YES
DL#: _____ EXPIRATION DATE: _____

PLEASE LIST EMERGENCY CONTACT: _____
EMERGENCY CONTACT NUMBER: _____ RELATIONSHIP: _____

LIST THREE CHARACTER REFERENCES:

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NUMBER</u>	<u>TIME KNOWN</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

DECLARATION OF APPLICANT:

MY SIGNATURE BELOW CERTIFIES THAT THERE ARE NO WILLFUL MISREPRESENTATIONS OR FALSIFICATIONS IN ANY OF THE INFORMATION ON THIS APPLICATION. I AUTHORIZE INVESTIGATION OF ALL MY STATEMENTS ON THIS APPLICATION AND I UNDERSTAND THAT SHOULD AN INVESTIGATION DISCLOSE ANY MISREPRESENTATION OR FALSIFICATION, MY APPLICATION WILL BE REJECTED, OR IF ALREADY EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED.

SIGNATURE OF APPLICANT

CONSENT FORM

I HEREBY AUTHORIZE THE OGLETHORPE COUNTY 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.

FULL NAME PRINTED

ADDRESS

DATE OF BIRTH

SOCIAL SECURITY NUMBER

SEX

RACE

SIGNATURE

DATE

**DEPARTMENT OF PUBLIC SAFETY
REQUEST FOR MOTOR VEHICLE REPORT**

CHECK TYPE SERVICE DESIRED

- () RECORD COVERING PAST THREE YEARS
() SEVEN YEARS RECORD

REQUESTOR: OGLETHORPE COUNTY COMMISSIONERS
PO BOX 261
LEXINGTON, GA 30648

LICENSEE:

LAST FIRST MAIDEN MIDDLE

DOB: MO DAY YR DRIVERS LICENSE NUMBER

STREET ADDRESS

CITY AND STATE ZIP CODE

RECORDS CHECK FOR EMPLOYMENT

IN ACCORDANCE WITH GEORGIA LAWS 40-5-2, I DO HEREBY AUTHORIZE OGLETHORPE COUNTY COMMISSIONERS TO PROCURE A COPY OF MY DRIVERS LICENSE HISTORY.

LICENSEE: _____
SIGNATURE (MUST BE NOTARIZED)

REQUESTOR: _____
SIGNATURE

NOTARY: _____
SIGNATURE AND SEAL