

DRUG FREE WORKPLACE

Application for Employment
Brooks County, Georgia

(Please Type or Print)

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

Position (s) Applied For: _____ Date of Application: _____

How did you learn about us? _____

Last Name	First Name	Middle Initial	
Address	City	State	Zip Code
Telephone Number (s)	Social Security Number		

If you are under 18 years of age, can you provide required proof of your eligibility to work? _____

Have you ever filed an application with Brooks County? _____

Are you currently employed? _____

If yes, may we contact your present employer? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? _____

On what date would you be available to begin work? _____

Are you available to work: _____ Full Time _____ Part Time _____ Temporary

Are you currently on "lay off" status and subject to recall? _____

Can you travel if a job requires it? _____

Do you currently own a valid Driver License? Yes___ No___ If Yes, what type?(A, B, C, etc)_____

Work History

Start with your present or most recent 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.

Employer:	Dates Employed:
Employer's Address:	Telephone Number:
Job Title:	Supervisor:
Work Performed:	
Employer:	Dates Employed:
Employer's Address:	Telephone Number:
Job Title:	Supervisor:
Work Performed:	
Employer:	Dates Employed:
Employer's Address:	Telephone Number:
Job Title:	Supervisor:
Work Performed:	
Employer:	Dates Employed:
Employer's Address:	Telephone Number:
Job Title:	Supervisor:
Work Performed:	
Employer:	Dates Employed:
Employer's Address:	Telephone Number:
Job Title:	Supervisor:
Work Performed:	
Employer:	Dates Employed:
Employer's Address:	Telephone Number:
Job Title:	Supervisor:
Work Performed:	

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

<p>Professional, trade, business or civic activities and offices held</p> <p>You may exclude memberships, which would reveal gender, race, religion, national origin, age, ancestry, disability, or any other protected status:</p> <p>_____</p> <p>_____</p>
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Education

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree Earned
High School				
College/University				
Graduate/ Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write:

	Fluent	Good	Fair
Speak			
Read			
Write			

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

Describe any job related training received in the United States military:

Application Authentication Statement

I certify that the answers given herein are true and complete to the best of my knowledge. 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 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 the 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 the Board of County Commissioners.

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 as established by the Brooks County Board of County Commissioners.

Signature of Applicant

Date

Background Check Authorization

I hereby authorize Brooks County to obtain a record of criminal and driver's history from the Georgia Crime Information Center, the National Crime information Center, and the Georgia Department of Public Safety. I understand that these records are of confidential nature and will be kept strictly confidential.

Signature of Applicant

Date

Date of Birth

Social Security Number

Authorization for Pre-Employment Medical Examination and Drug Testing

I hereby agree to submit to mandatory pre-employment medical examination and pre-employment drug testing. The medical examination will be conducted by the County Physician and drug testing will be conducted by a local certified lab. I consent to the medical examination and drug testing and hereby authorize release of the results of each test to the County Administrator.

Signature of Applicant

Date

Personnel Department Use Only	
Remarks: _____	

Employed: Yes No	Date of Employment: _____
Job Title: _____	Department: _____