

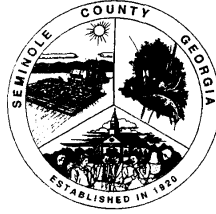
APPLICATION FOR EMPLOYMENT

Internal Use Only
Q _____ NQ _____

Seminole County Board of Commissioners
200 S. Knox Ave.
Donalsonville, GA 39845

Phone: (229) 524-2878 FAX: (229) 524-8984

POSITION OR JOB TITLE APPLIED FOR:



All information provided on this application **MUST BE COMPLETE** so that all applications can be given equitable consideration. All qualified applicants will receive consideration for employment regardless of race, color, religion, sex, age, national origin or disability. Seminole County will hire only authorized workers, regardless of national origin. This application must be typed or printed. Please complete one application for each position for which you are applying. **YOU MUST SIGN AND DATE YOUR APPLICATION IN INK. RESUMES ARE NOT ACCEPTED IN LIEU OF A COMPLETED APPLICATION.**

INCOMPLETE APPLICATIONS MAY BE REJECTED

Personal Data **Date:** _____

Social Security # _____ *Salary Requirement:* _____

Last Name First (given) Middle Other name(s) under which you have been employed

Address: Street Apt # City State Zip Code

E-mail Address: _____

Telephone: _____ _____ _____

Home Phone #

Work Phone #

Cell Phone #

How did you hear of this opening? _____ Date available to begin: _____

WILL YOU ACCEPT: Temporary Work? Part-Time Work? Shift Work? Weekend/Holiday?
(Check all that apply)

Are you over 18 years old? _____ Are you eligible to work in the United States either because you are a U. S. citizen or have U. S. government permission to do so? No Yes

NOTE: If offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in a determination that the applicant is ineligible for employment in the United States.

Have you ever worked for us before? No Yes If yes, when and where? _____

Give name, relationship, & department of any relatives who are employed by the Seminole County Board of Commissioners.

Do you use tobacco products? No Yes If yes, explain: _____

DRIVER'S HISTORY INFORMATION:

Do you have a valid Drivers License? No Yes

License # _____ Class _____ State _____

Have you received any traffic violations in the past 3 years? No Yes If yes, list type of offense and dates:

CRIMINAL HISTORY INFORMATION:

Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a misdemeanor? (for example: DUI, Bad Checks, etc.) No Yes (Omit non-moving traffic violations/parking tickets and any offense which was finally adjudicated in a Juvenile Court or under a Youth Offender Law). If yes, describe the circumstances: (Date, Place, Charges, Disposition). Use additional sheets if necessary.

Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a felony? No Yes If yes, describe the circumstances: (Date, Place, Charges, Disposition). Use additional sheets if necessary.

NOTE: An applicant convicted of a criminal offense involving the manufacture, distribution, trafficking, or sale of a controlled substance, dangerous drugs or marijuana, or convicted of any felony involving a violent crime such as assault with a deadly weapon, aggravated assault or murder are ineligible for employment with the Seminole County Board of Commissioners. Such applicants shall be automatically rejected. Applicants convicted of any other felony will be considered on a case-by-case basis. An applicant who has been convicted of any felony or misdemeanor and has received a pardon from the appropriate State Pardons Parole Board shall be eligible for employment with the Seminole County Board of Commissioners.

Have you ever been suspended, demoted, dismissed or asked to resign from any job? No Yes

If yes, explain in detail: _____

“We are an Equal Opportunity Employer”

EDUCATION

High School

Name _____ Address: _____
 (name of the high school or state authority issuing the diploma or certificate)

Circle highest grade completed: 7 8 9 10 11 12 Graduated? No Yes

If not a high school graduate, do you have a GED? No Yes

Colleges/Universities

Please complete the following section for post-secondary education (Technical Schools/Colleges/Universities):

Name of School	City	State	If No Degree, Hours Earned		Major	Type of Degree	Degree Earned yes/no
			Quarter	Semester			

Describe any specialized training, qualifications, apprenticeship, skills, and extra-curricular activities which relate to the job for which you are applying. Include office equipment, computer skills, foreign language skills, typing skills, and business equipment or machine operating skills which may relate to the position for which you are applying. **Use additional sheets if necessary.**

REFERENCES – Give names, addresses, and telephone numbers of three (3) references that **ARE NOT** related to you and **ARE NOT** previous employers.

1. _____
 Name Phone #

Address: Street Apt # City State Zip Code

2. _____
 Name Phone #

Address: Street Apt # City State Zip Code

3. _____
 Name Phone #

Address: Street Apt # City State Zip Code

Work History

Describe your work history **beginning with your current or most recent job**. Include military and volunteer experience and periods of unemployment. Failure to give complete information regarding each job held **may** result in your disqualification. Complete addresses with zip codes and telephone numbers for all employers are necessary. **A resume may be attached only as additional information and will not be accepted in lieu of completing this section.** Use additional sheets if necessary.



Name of Organization or Firm: _____ Telephone: _____

Address: _____

Street

Dates Employed:

From Mo/Yr _____ To Mo/Yr _____

City State Zip Code

Total Time Employed: _____

Name of Your Supervisor: _____ Pay Start: _____ End: _____

Your Official Job Title: _____

Specific Reason for Leaving: _____

Describe Your Specific Job Duties: _____



Name of Organization or Firm: _____ Telephone: _____

Address: _____

Street

Dates Employed:

From Mo/Yr _____ To Mo/Yr _____

City State Zip Code

Total Time Employed: _____

Name of Your Supervisor: _____ Pay Start: _____ End: _____

Your Official Job Title: _____

Specific Reason for Leaving: _____

Describe Your Specific Job Duties: _____





Name of Organization or Firm: _____ Telephone: _____

Address: _____

Street

Dates Employed:

From Mo/Yr _____ To Mo/Yr _____

City State Zip Code

Total Time Employed: _____

Name of Your Supervisor: _____ Pay Start: _____ End: _____

Your Official Job Title: _____

Specific Reason for Leaving: _____

Describe Your Specific Job Duties: _____



Name of Organization or Firm: _____ Telephone: _____

Address: _____

Street

Dates Employed:

From Mo/Yr _____ To Mo/Yr _____

City State Zip Code

Total Time Employed: _____

Name of Your Supervisor: _____ Pay Start: _____ End: _____

Your Official Job Title: _____

Specific Reason for Leaving: _____

Describe Your Specific Job Duties: _____



Please use this space for additional information pertinent to your education, training and experience:

Authorization to Release Information Conditions of Employment

I have made application for employment with the Seminole County Board of Commissioners. I authorize any persons or organizations to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, whether or not it is in their records, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage whatsoever for issuing same.

Furthermore, if I am employed by the Seminole County Board of Commissioners, I agree to conform to the policies, rules, orders and regulations of the government set forth in the Seminole County Board of Commissioners Personnel System, employee handbook, policies, and ordinances; and acknowledge that these policies, rules, and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option.

I further acknowledge that if I become employed with the Seminole County Board of Commissioners, my employment will be at-will and may be terminated with or without cause at any time by me or by the employer until such time that I am no longer on my initial trial period, and become a regular status employee.

If required by Seminole County Government for the position which I am applying, I consent to undergo a physical examination and/or psychological examination after I have received a conditional offer of employment, as deemed necessary.

***THIS APPLICATION WILL REMAIN ACTIVE FOR NINETY (90) DAYS ONLY UNLESS RENEWED
PERSONALLY BY ME IN WRITING.***

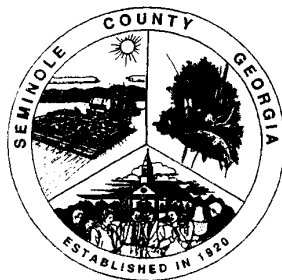
Before an applicant can be employed with the Seminole County Board of Commissioners they must successfully pass a drug test. Should you become an employee with the Seminole County Board of Commissioners, your position may require random drug testing.

May we contact your present employer? No Yes Presently not employed

You must sign the "Authorization to Release Information" form to enable us to contact prior employers, even though we may not contact your present employer.

Date: _____

Signature: _____



Revised 04/2006



Alcohol and Controlled Substance Testing

As a condition of employment with the Seminole County Board of Commissioners, you will be required to submit to an alcohol and controlled substance test. Employees must, as a condition of employment, abide by our policies regarding the effects of drug use and the unlawful possession of controlled substances. Employees are expected to report for work without the effects of illegal drugs and alcohol in their bodily systems. Employees must report any conviction under a criminal drug statute for such violations. A report of the conviction must be made within five (5) days after the conviction. (This requirement is mandated by the Drug-Free Workplace Act of 1988). In order to be employed by the Seminole County Board of Commissioners, you must successfully pass the aforementioned testing.

By signing this form, I acknowledge the above and consent to such an examination and test.

Date: _____ Signature: _____



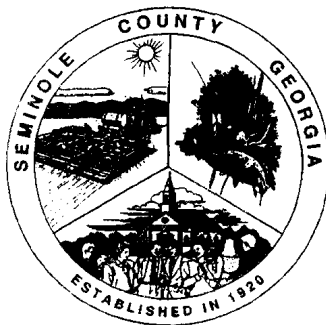
Applicant's Certification and Agreement

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I am aware that the falsification of this application or the omission of complete information will result in disqualification, or upon discovery, termination of employment. The Seminole County Board of Commissioners is hereby authorized to make any investigation of my prior educational and work history.

Date _____ Applicant's Signature _____

Resumes, letters of reference, etc. submitted with the application become the property of the Seminole County Board of Commissioners and will not be returned. The information you have provided on the application is subject to public disclosure under the Georgia Open Records Act.

ALL OFFICIAL APPLICATIONS MUST CONTAIN ORIGINAL SIGNATURES.



THE SEMINOLE COUNTY BOARD OF COMMISSIONERS HUMAN RESOURCES DEPARTMENT

AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD

I understand that driving a Seminole County vehicle (or my own vehicle, as required) is a requirement of the position I am being considered for and that having and maintaining a satisfactory driving record is a condition of my employment. I hereby authorize the Seminole County Human Resources Department, within twelve (12) months of this date, to obtain any information in my files pertaining to my driving record for the time period indicated below.

This release is executed with full knowledge and understanding that the information is for official use of the Seminole County Human Resources Department for purposes of employment or underwriting of insurance and will not be used for any other purpose.

Consent is granted for the Human Resources Department to furnish such information as described above to third parties in the course of fulfilling its official responsibilities.

COMPLETE ONLY IF VALID DRIVER'S LICENSE IS REQUIRED FOR THE POSITION YOU ARE APPLYING FOR

Full Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female (Print)
Date of Birth: _____ Driver's License Number: _____ State Where Issued: _____
Driver's License Expiration Date: _____ Request: Three-year <u>X</u> Seven-Year _____
Signature: _____ Date: _____
Sworn to and Subscribed Before Me
This _____ Day of _____, 20_____
Notary Public: _____
Notary Expiration: _____

EQUAL OPPORTUNITY EMPLOYER

THE SEMINOLE COUNTY BOARD OF COMMISSIONERS HUMAN RESOURCES DEPARTMENT

The following information is requested on a voluntary basis and will not be filed with your application. It is the policy of the Seminole County Board of Commissioners to ensure equal opportunity in employment and promotion. This policy will be administered without regard to race, religion, color, national origin, marital or veteran status, sex, age, or disability.

Failure to complete this form will not affect your application for a position.

Your cooperation is appreciated. If you prefer not to reply, you may leave this sheet blank.

If you have questions, please contact the Human Resources Department at (229) 524-2878.



Position applied for: _____

Male _____

Female _____

Date of Birth _____

WITH WHICH ETHNIC GROUP DO YOU MOST IDENTIFY?

1. ___ Black - Not of Hispanic Origins.
2. ___ Caucasian - Includes origins in Europe, North Africa, Middle East; not Hispanic or East Indian.
3. ___ Hispanic - Includes origins of Mexican, Puerto Rican, Central American, South American or other Spanish cultures.
4. ___ American Indian/Alaskan Native
5. ___ Asian/Pacific Islander
6. ___ Multiracial