

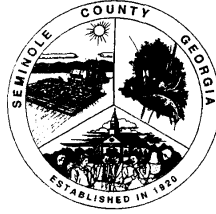
APPLICATION FOR EMPLOYMENT

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
City State Zip Code
Dates Employed:
From Mo/Yr _____ To Mo/Yr _____
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
City State Zip Code
Dates Employed:
From Mo/Yr _____ To Mo/Yr _____
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:

SEMINOLE COUNTY SHERIFF'S OFFICE

CRIMINAL HISTORY CONSENT FORM

I hereby authorize **SEMINOLE COUNTY BOARD OF COMMISSIONERS (to include SEMINOLE COUNTY RECREATION DEPARTMENT)** 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 the State of Georgia.

Full name PRINTED: _____

Other names used: _____

Address: _____

City / State / ZIP: _____

Sex: _____ Race: _____ Date of Birth: _____

Social Security Number: _____

Signature: _____ Date: _____

Valid for 60 days unless noted below.

Special employment (or volunteer) Provisions (check if applicable)

_____ Employment with mentally disabled	Code M
_____ Employment with elderly care	Code N
_____ Employment with children	Code W
_____ Other	Code E

_____ This authorization is valid for 90 / 180 or ____ (circle one) days from date of signature
I, _____, give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

Date ran GCIC: _____ by: _____

Record Found: _____ no _____ yes: SID: _____

Misc: _____

If an adverse decision is made against the person whose record is obtained he/she shall be informed:

- That a record was obtained
- The specific contents of the record
- The effect the record had upon the decision

Revised: 09-30-2008

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: _____

**AFFIDAVIT OF VERIFICATION STATUS
FOR SEMINOLE COUNTY, GEORGIA
PUBLIC BENEFIT APPLICATION**

By executing this affidavit under oath, as an applicant for (please check applicable statement):

- employment with Seminole County
- business/occupation license certificate
- contract for services¹
- miscellaneous licenses (please specify) _____

or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for the above:

(1) _____ I am a United States citizen

OR

(2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.²

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement of representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Date

Printed Name

Alien Registration Number for
Non-citizens

Sworn to and subscribed before me, this
_____ day of _____, 20_____

(SEAL)

My Commission Expires:

Notary Public, State of Georgia

¹ The undersigned Contractor further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to its Contract with Seminole County of which this Affidavit is a part, the undersigned Contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. § 13-10-91 and Georgia Department of Labor Rule 300-10-1-.02 (and, for a contract or agreement relating to public transportation, verification of compliance with the GDOT Rules) through the subcontractor's execution of the subcontractor affidavit required by Georgia Department of Labor Rule 300-10-1-.08 or a substantially similar subcontractor affidavit (and, for a contract or agreement relating to public transportation, required by the GDOT Rules). The undersigned Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to Seminole County at the time the subcontractor(s) is retained to perform such service.

²O.C.G.A. § 50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8, U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

Number and Description

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