

WORTH COUNTY BOARD OF COMMISSIONERS

201 North Main Street 3rd Floor

Sylvester, Georgia 31791

APPLICATION FOR EMPLOYMENT

•WORTH COUNTY MAINTAINS A DRUG FREE WORKPLACE AND ALL SUCCESSFUL APPLICANTS ARE REQUIRED TO PASS A DRUG TEST•

Worth County considers application 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.

(PLEASE TYPE OR PRINT)

Position(s) Applied For	Date of Application
How did you learn about us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Relative	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Other _____	<input type="checkbox"/> Employment Agency

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

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with Worth County before? ☐ Yes ☐ No

If yes, give date _____

Have you ever been employed by Worth County before? ☐ Yes ☐ No

If yes, give date _____

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this county because of ☐ Yes ☐ No

VISA or Immigration Status

(Proof of citizenship or immigration status will be required upon employment)

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

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

Are you currently on "Lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if the job requires it? ☐ Yes ☐ No

Have you been convicted of a felony within the last 7 years? ☐ Yes ☐ No

(A conviction will not necessarily disqualify an applicant from employment) A criminal record does not constitute an automatic bar to employment and will be considered as it relates to the job in question.

If yes, please explain:

EDUCATION AND TRAINING

	Name Address Of School	Course of Study	Diploma/Degree G.E.D. (Major)
High School			
University or Technical			
Graduate or Professional			
Other (specify)			

Military Service: ☐ Yes ☐ No

Duty/Specialized Training:

List any seminars, classes or other education not listed above which may help qualify you for this position.

SPECIAL QUALIFICATIONS/SKILLS/ LICENSES (other than driving)

List all licenses/special qualification or skills including typing, and business equipment or machine operating skills that relates to the job for which you are applying:

List any languages other than English that you can speak, read or write that could be of benefit to the position applied for:

	Fluent	Good	Fair
Speak			
Read			
Write			

You may include military service assignments & volunteer activities.

EMPLOYMENT EXPERIENCE

Start with your present or last job.

1. Employer		<u>Dates</u> Employed	Duties/Responsibilities
Address		From:	
City	State Zip Code	<u>Hourly Rate/Salary</u>	
Telephone Number(s)		Starting:	
Job Title	Supervisor	Final:	
Reason for Leaving			

2. Employer		<u>Dates</u> Employed	Duties/Responsibilities
Address		From:	
City	State Zip Code	<u>Hourly Rate/Salary</u>	
Telephone Number(s)		Starting:	
Job Title	Supervisor	Final:	
Reason for Leaving			

3. Employer		<u>Dates</u> Employed From:	Duties/Responsibilities
Address			
City	State	Zip Code	
Telephone Number(s)		<u>Hourly Rate/Salary</u> Starting:	
Job Title	Supervisor		
Reason for Leaving		Final:	

4. Employer		<u>Dates</u> Employed From:	Duties/Responsibilities
Address			
City	State	Zip Code	
Telephone Number(s)		<u>Hourly Rate/Salary</u> Starting:	
Job Title	Supervisor		
Reason for Leaving		Final:	

1. Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodations? ☐ Yes ☐ No

If no, please explain _____

2. What are your salary requirements? _____

3. Please provide additional information you feel may be helpful to us in considering your application.

REFERENCES

Please list three references other than relatives or previous employers.

1. _____
Name _____ Phone Number _____

Street Address _____

City _____ State _____ Zip Code _____
2. _____
Name _____ Phone Number _____

Street Address _____

City _____ State _____ Zip Code _____
3. _____
Name _____ Phone Number _____

Street Address _____

City _____ State _____ Zip Code _____

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: ☐ Yes ☐ No

Position(s) Considered For: _____ Department _____

Interview Scheduled: ☐ Yes ☐ No Date and Time _____

Employed ☐ Yes ☐ No Date of Hire _____

Job Title _____ Hourly Rate/Salary _____

By _____

Name and Title

Date

RELEASE AND AUTHORIZATION - READ CAREFULLY BEFORE SIGNING

I certify that I have made no willful misrepresentation in this application, my resume and any other documents submitted by me, nor have I withheld information in my statements and answers to questions, and I confirm that the information provided on this application and other documents I have submitted are true, correct and complete. I am aware that the information given in my application may be investigated. I agree to provide supplemental information if requested by the Worth County Board of Commissioners designee. I further understand that falsification of information, should I be employed, may be grounds for dismissal. I understand that my application, and any other information will **remain active and on file for 45 days**.

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 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 an authorized executive of this organization. Worth County assures that it will fully observe all constitutional rights of employees including the right to due process.

I understand and voluntarily authorize and request, without reservation, any party or agency contacted by the Worth County Board of Commissioners including present and prior employers to furnish requested information to support my application.

Print Name

Date

Signature

**THIS IS A
DRUG -FREE
WORKPLACE!
WE
CONDUCT
DRUG
TESTING**

*WHEN YOU
APPLY

*AT RANDOM
TIMES

*WHEN JOB
IS OFFERED

*AFTER ANY
ACCIDENT

Applicant Privacy Rights
Notification Signature Form

Applicant Notification and Record Challenge:

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI Identification record. The procedure of obtaining a change, correction or updating an FBI Identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 Through 16.33 or review the FBI website.

Signature

Print Name

Date

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ to conduct an inquiry for
Agency / Company
the purpose listed below and receive any Georgia and/or national criminal history record information
as authorized by state and federal law.

Full Name (print) _____ Sex _____ Race _____

Address _____

Date of Birth _____ Social Security Number _____

Name of Potential Employer: _____

Position Applying for: _____

I, _____, give consent to the above-named
Entity to perform periodic criminal history background checks for the duration of my employment.

Signature

Date

Date of inquiry: _____ Time of inquiry: _____ Operator's Initials: _____

NON-CRIMINAL JUSTICE PURPOSES

_____ E - Employment (Adoption, record restrictions, volunteer work)

_____ M - Working with Mentally Disabled

_____ N - Working with Elderly

_____ W - Working with Children

_____ P - Public Records (no consent required)

_____ F - Probate Court / Weapons Carry License / Return Firearm

PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)

_____ U - Personal Copy

CRIMINAL JUSTICE EMPLOYMENT

_____ J - Civilian Criminal Justice Employment (State & III Info Received)

_____ Z - Sworn Criminal Justice Employment (State & III Infor Received)

The inquiry resulted in the following: (check all that apply)

_____ No Criminal Record Available

_____ Criminal Record (Attached/Released)

_____ No NCIC / GCIC Warrant

_____ Possible NCIC / GCIC Warrant (List Wanting Agency Below)

Wanting Agency _____ Wanting Agency Phone # _____

Agency Designee Signature and Title

Date

PRE-EMPLOYMENT CONSENT AND NOTICE
ALCOHOL AND CONTROLLED SUBSTANCE TESTING

As a condition of employment by Worth County, you must submit to a physical examination. This examination will include an alcohol and controlled substance screening test. In order to be employed by Worth County, you must successfully pass this screening test.

By signing this form, I acknowledge that I am giving consent to such screening test, and I understand that such a screening is part of Worth County's Alcohol and Controlled Substance Policy. I hereby agree to abide by this policy.

Date: _____ Signature: _____

Print Name: _____ Social Security #: _____

Witnessed by Authorized Worth County Employee:

Note: To Medical Physician

Test(s) to be Given: ☐ Regular Physical Screen ☐ DOT Physical (Truck Driver) ☐ Alcohol/Controlled Substance

County Designee

Date

Worth County Board of Commissioners, 201 N. Main Street 3rd Fl – Rm. 30, Sylvester Georgia 31791 - (229) 776-8200

Authorization to Obtain Motor Vehicle Record

THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

1. Certifies that the undersigned is an employee, or has applied to become an employee of the below named employer in a position which involves the operation of a motor vehicle / equipment, and the undersigned gives his or her consent to the release of their driving record (MVR) for review by:

WORTH COUNTY BOARD OF COMMISSIONERS ET AL COUNTY DEPARTMENTS

2. That the undersigned authorizes his or her driving record to be periodically obtained and reviewed for the purpose of initial and continued employment throughout the course of employment.
3. That all information presented in this form is true and correct. The undersigned makes this certification and affirmation under penalty of perjury and understands that knowingly making a false statement or representation on this form is a criminal violation.
4. All violations will be reviewed by the Board and Human Resources Director and may result in disciplinary action, up to and including termination, depending on severity of the violation.

Name of Employee/potential employee: _____

Print name as it appears on driver's license

License Number & State: _____

Date of Birth: ____/____/____

Signature of employee/applicant: _____ Date: _____

Employer Authorized Representative Name: _____

Authorized Representative Signature: _____ Date: _____

Applicant Privacy Rights

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint / biometric-based criminal history check for a non-criminal justice purpose (such as an application for criminal justice or non-criminal justice employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5 United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it or provide you a copy of the record you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-question> information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28CFR 16.30 through 16.34)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

PRIVACY ACT STATEMENT

This privacy act statement is located on the back of the (blue) FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principle Purpose: Certain determination, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigation, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, our information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 02/04/2021