

APPLICATION FOR EMPLOYMENT



Jackson County Government
67 Athens St.
Jefferson, GA 30549

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

NOTE: Applications and resumes are accepted for open positions only. Only candidates being considered for the position will be contacted.

PLEASE PRINT

Position (s) Applied For		Date of Application					
How Did You Hear About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Inquiry <input type="checkbox"/> Relative: _____ <input type="checkbox"/> Web site <input type="checkbox"/> Friend: _____ <input type="checkbox"/> Other: _____							
Last Name		First Name		Middle Name			
Address		City		State		Zip Code	
Telephone Number (s) (Home) _____ (Cell) _____							
Best time to contact you: ____:____ A.M. P.M.				Best phone number to reach you: (____) ____ - _____			
Have you filed an application with us before?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, give date and position _____			
Have you ever been employed with us before?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, give date and position _____			
Do any of your friends or relatives work here?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, state name(s): _____			
Can you travel if a job requires it?		<input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof of citizenship or immigration status will be required upon employment</i>							
If you are under 18 years of age, can you provide required proof of eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A							
Date available for work ____/____/____				What is your desired salary range? _____			
Please state work availability: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary							
If Part-Time, please indicate shift availability: <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoon <input type="checkbox"/> Evenings							
WE ARE AN EQUAL OPPORTUNITY EMPLOYER							

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Summarize special job-related skills and qualifications acquired from employment or other experience

SPECIALIZED SKILLS (CHECK SKILLS / EQUIPMENT OPERATED)

<input type="checkbox"/> PC	<input type="checkbox"/> Microsoft Excel	Production / Mobile Machinery (list)	Other (list)
<input type="checkbox"/> Microsoft Outlook	<input type="checkbox"/> Microsoft Publisher		
<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> 10-key		
<input type="checkbox"/> Microsoft Access	Typing speed _____ WPM		

List professional, trade, business or civic activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

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

EMPLOYMENT EXPERIENCE

Start with your present or last 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.

1	Employer	Dates Employed From	To	Work Performed
	Address			
	Telephone Number (s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving				
2	Employer	Dates Employed From	To	Work Performed
	Address			
	Telephone Number (s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving				
3	Employer	Dates Employed From	To	Work Performed
	Address			
	Telephone Number (s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving				
4	Employer	Dates Employed From	To	Work Performed
	Address			
	Telephone Number (s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving				

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? _____ Yes _____ No

State any additional information you feel may be helpful to us in considering your application.

PROFESSIONAL REFERENCES NOT PREVIOUSLY LISTED ON THIS APPLICATION

1. _____ (_____) _____
(Name) Phone #

(Address)

2. _____ (_____) _____
(Name) Phone #

(Address)

3. _____ (_____) _____
(Name) Phone #

(Address)

I certify that answers given herein are true and complete. I understand that any falsification, misrepresentation or omission of fact on this application, or any other accompanying documents, will be cause for denial of employment or immediate termination of employment.

I authorize investigation of all statements contained in this application for employment. I release from all liability anyone supplying such information and hold the employer harmless from all liability that might result from the investigation.

I understand that, if employed, I am required to abide by all rules and regulations of Jackson County. I understand that if employed, my employment may be terminated, with or without cause, and with or without notice, at any time, at the option of either Jackson County or me. I further understand that no representation, whether oral or written by any representative of Jackson County, may constitute a contract of employment.

Jackson County is a **DRUG FREE WORKPLACE**. All applicants are subject to a post offer drug screen, background check, post offer medical questionnaire, and for some positions, a credit check and/or motor vehicle record search.

Signature of Applicant Date

DRUG-FREE WORKKPLACE



Jackson County Sheriff's Office

P.O. Box 98
555 General Jackson Drive
Jefferson, Georgia 30549

Janis G. Mangum
Sheriff, Jackson County

(706) 367-8718

BACKGROUND CHECK AUTHORIZATION

I, _____, hereby authorize Jackson County and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records specifically GCIC and NCIC inquiries, other criminal or police records, drivers license records from any state office or department, and any other documents including those maintained by both public and private organizations and all public records for that purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment.

I release Jackson County and/or its agents and any person or entity, which provides information pursuant to that authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

_____	_____	_____	_____
Last name	First name	Middle name	Maiden name

Street address

City, State, Zip Code

_____	_____	_____	_____
Sex	Race	Date of Birth	Social Security No.

Driver's License No.

Expiration Date

***** DO NOT SIGN BELOW UNLESS IN THE PRESENCE OF A NOTARY *****

Signature

Date

Affix stamp or Seal

Notary Public

Date