



APPLICATION FOR EMPLOYMENT

PLEASE READ BEFORE COMPLETING THIS APPLICATION

This company does not discriminate in the recruitment, hiring and conditions of employment on the basis of race, color, religion, national origin, gender, marital status, disability, age or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; but qualifications required for the position for which you are applying.

ANSWER ALL QUESTIONS COMPLETELY

PERSONAL DATA

Name: _____ Date: _____
(Last) (First) (Middle)

Address: _____ Home phone: (____) _____
(Street) (City) (State) (Zip)

Business phone: (____) _____

Are you 18 years of age or older? Yes No

Are you authorized to work in the United States? Yes No

(If you are hired, you will be required to furnish proof of your employment eligibility.)

Other names used in prior employment _____

GENERAL INFORMATION

Position you are applying for: _____ Salary requirement: _____

Full-Time Part-Time PRN (As needed)

Date Available: _____ Would you object to shift work? Yes No

Have you previously applied for employment with our company? Yes No

If so, when? _____ Type of position for which you applied? _____

How were you referred for employment with our company?

Employee Advertisement School Drop-in Agency Other

Name of referral source indicated above: _____

Have you ever pleaded guilty of, or been convicted of a criminal offense? Yes No

If yes, give dates and circumstances: _____

CONVICTIONS: A conviction does not automatically mean you will not be offered a job. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are all important considerations in determining your eligibility. Give all the facts, so that a fair decision can be made.

Are you currently, or have you ever been, suspended, debarred or otherwise excluded from participation in any federal or state health care program? Yes No Have you ever been involuntarily discharged from a position? Yes No

If yes, give dates and circumstances: _____

EMPLOYMENT

Employer: _____ Employed from _____ to _____

Address: _____ Salary (hourly) Starting _____ Final _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____

Name and title of immediate supervisor: _____ Your title: _____

Job description: _____

Reason for leaving or considering a job change: _____

May we contact your present or previous employer? Yes No

Employer: _____ Employed from _____ to _____

Address: _____ Salary (hourly) Starting _____ Final _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____

Name and title of immediate supervisor: _____ Your title: _____

Job description: _____

Reason for leaving or considering a job change: _____

May we contact your present or previous employer? Yes No

Employer: _____ Employed from _____ to _____

Address: _____ Salary (hourly) Starting _____ Final _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____

Name and title of immediate supervisor: _____ Your title: _____

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Address: _____ Salary (hourly) Starting _____ Final _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____

Name and title of immediate supervisor: _____ Your title: _____

Job description: _____

Reason for leaving or considering a job change: _____

May we contact your present or previous employer? Yes No

EDUCATION		Print Name, City and State For each school listed	Type of Course or Major	Graduate?	Degree Received
High School					
College					
College					
Trade, Bus., Night Or Corres.					
Other					

Are you presently in school? Yes No If yes, give expected completion date: _____

List courses you are taking: _____

SPECIAL SKILLS

List applicable professional or technical licenses/certifications relative to your ability to perform the functions of the position for which you are applying. _____

List awards, honorary positions or volunteer work relative to your ability to perform the functions of the position for which you are applying. _____

List equipment, machinery or special skills relative to your ability to perform the functions of the position for which you are applying. Include your skill level and/or years of experience. _____

HEALTH

Would you agree to a pre-employment and/or post-employment drug screening by a physician, clinic or other health care provider selected by the company? Yes No

PERSONAL REFERENCES

Name	Address	Phone Number	Occupation	How Long Known

List below the names of relatives employed by this company and their relationship to you:

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by this company. I authorize the company, its affiliates and their representatives to investigate all information given and to secure additional job-related information, if necessary. I authorize an investigative report to be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends and neighbors or others with whom I am acquainted. I understand and consent to an inquiry that may include information as to my character, general reputation, and personal characteristics, whichever may be applicable. This information may include, but is not limited to, verification of previous employment and employment references, verification of education including requests for transcripts, credit reports motor vehicle driving records and criminal reports, etc. I hereby release from all liability or responsibility all persons, companies, organizations or corporations furnishing such information.

I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment, or if employed, dismissal without advance notice.

In the event I am employed, I understand that all employees are subject to termination at the discretion of the company. If, in the event I choose to voluntarily terminate my employment, I am free to do so at any time, and, if I choose to give proper notice of termination, the company may either permit me to continue my employment during the notice period or may accept my resignation immediately.

I understand that, in the event I am employed by the company, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the company at the company's discretion.

I authorize the company to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency or other party, with a legal and proper interest.

In the event of my employment, I will comply with all rules and regulations as set forth in the company's policy manual or other communications distributed to all employees.

I understand that my employment is conditional upon my satisfactorily passing a physical examination and/or drug screening, if one is requested, to be given by a physician, clinic or other health care provider selected by the company.

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required for the position for which I am asking to be considered.

I have read the above statements and accept them as conditions of my employment with the company.

Signature of Applicant

Date

Lowndes County Sheriff's Office
Name-Based Criminal History Record Information Consent/Inquiry Form

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

Full Name (print) _____

Address _____ Street _____ City _____ State _____ Zip Code _____

Sex _____ Race _____ Height _____ Weight _____ Eyes _____ Hair _____ Date of Birth _____ SSN (optional) _____ Phone # _____

Identification

- This authorization is valid for ___ days from date of signature.
- I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature _____ Date _____

Attorney for Individual _____ Bar Number _____ Date _____
(Purpose Code E & U Only)

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

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E – Employment
<input type="checkbox"/>	M – Working with Mentally Disabled
<input type="checkbox"/>	N – Working with Elderly
<input type="checkbox"/>	W – Working with Children
<input type="checkbox"/>	P – Public Records (no consent required)
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U – Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J – Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z – Sworn Criminal Justice Employment (State and III Info Received)

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

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Notary Public, _____ County, GA

My commission expires _____

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Signature

 Agency Designee Signature and Title
 Lowndes County Sheriff's Office

TCN: _____
 Investigator Badge #: _____