

INSTRUCTIONS FOR FILLING OUT APPLICATION

1. PLEASE CHECK TO BE SURE YOU HAVE COMPLETED AND SIGNED ALL FORMS.
2. PLEASE LIST A PHONE NUMBER FOR US TO CONTACT YOU.
3. A COPY OF YOUR DRIVER'S LICENSE IS REQUIRED.
4. LIST ALL WORK HISTORY. IF YOU HAVE NO WORK HISTORY, PLEASE WRITE NONE.
5. IF YOU HAVE WORK HISTORY, PLEASE HAVE COMPLETE NAME, ADDRESS, PHONE NUMBER, A CONTACT PERSON LISTED, AND A DESCRIPTION OF YOUR JOB DUTIES IN DETAIL.
6. EDUCATION – PLEASE COMPLETE AND USE SPACE FOR ADDITIONAL INFORMATION THAT YOU FEEL WOULD HELP WITH THE JOB YOU ARE APPLYING FOR.
7. REFERENCES – LIST (3) REFERENCES WHO ARE NOT RELATED TO YOU. WE NEED THE COMPLETE NAME, ADDRESS, AND PHONE NUMBER.
8. REQUEST FOR MOTOR VEHICLE RECORD.

PLEASE COMPLETE THE FOLLOWING:

1. PRINT DATE OF BIRTH: _____
 2. DRIVER'S LICENSE NUMBER _____ CLASS _____
 3. STATE IT WAS ISSUED: _____
9. PLEASE SIGN CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION – SIGN ON EMPLOYEE SIGNATURE LINE AT THE MIDDLE OF THE PAGE.
 10. PLEASE SIGN INVESTIGATION AUTHORIZATION AND ORDER FORM- SIGN BY APPLICANT AND SIGNATURE LINE.

**IF APPLICATION IS NOT FILLED OUT COMPLETELY
IT WILL NOT BE REVIEWED**

APPLICATION FOR EMPLOYMENT

TAYLOR COUNTY BOARD OF COMMISSIONERS
P.O. BOX 278
BUTLER, GA 31006
(478) 862-3336

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.
(PLEASE PRINT)

Position(s) Applied for: _____ Date of Application: _____

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

Best time to contact you at home is: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?..... Yes or No
If Yes, give date _____

Have you ever filed an application with us before?..... Yes or No
If Yes, give date _____

Have you're ever been employed with us before?..... Yes or No
If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here?..... Yes or No
If Yes, list complete names and how they are related to you. _____

Are you currently employed?..... Yes or No

May we contact your present employer?..... Yes or No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration will be required upon employment)..... Yes or No

Date available for work _____ What is your desired salary range? _____

Are you available to work Full-time..... Yes or No

Are you currently on "lay-off" status and subject to recall?..... Yes or No

Can you travel if a job requires it?..... Yes or No

	Name and Address of school	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate college				
Graduate Professional				
Other (Specify)				

Describe any special training, apprenticeship, skills or extra-curricular activities.

Describe any job-related training received in the United States Military.

Job History

Employer: _____ Date Employed: _____
Address: _____
Telephone Number: _____ Job Title: _____
Supervisor: _____ Hourly Rate/Salary: _____
Reason for Leaving: _____

WorkPerformed: _____

Employer: _____ Date Employed: _____
Address: _____
Telephone Number: _____ Job Title: _____
Supervisor: _____ Hourly Rate/Salary: _____
Reason for Leaving: _____

WorkPerformed: _____

Employer: _____ Date Employed: _____
Address: _____
Telephone Number: _____ Job Title: _____
Supervisor: _____ Hourly Rate/Salary: _____
Reason for Leaving: _____

WorkPerformed: _____

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:

Other Qualifications:

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

Specialized Skills:

___ Terminal	___ Spreadsheet	Machinery (list)
___ PC/MAC	___ Word Processing	_____
___ Typewriter	___ Shorthand	_____
___ WPM ___	___ WPM ___	_____

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

References:

1. _____
(Name) (Phone Number)

2. _____
(Name) (Phone Number)

3. _____
(Name) (Phone Number)

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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 understand that this "at will" employment relationship may not be changed by written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: Yes or No Interview Date: _____

Remarks:

Employed: Yes or No Date of Employment: _____

Job Title: _____ Hourly Rate: _____ Department: _____

By: _____
Name and Title Date

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

As a former employee of _____,
Previous Employer's Name

I hereby authorize and request the release of results of records maintained under U. S. Department of Transportation regulations, containing the following information pertaining to the undersigned employee for a two (2) year period preceding the date of this release.

1. Reports of all BAT – certified alcohol test results conducted under U. S. Department of Transportation regulations with a concentration of 0.04 or greater, and
2. Reports of all MRO – verified positive controlled substances test results conducted under U. S. Department of Transportation regulations, and
3. Refusals to be tested under U. S. Department of Transportation regulations, or
4. Acknowledgement by the previous employer that no such records exist

The purpose of this Consent for Release of Confidential Information is to facilitate compliance with U. S. Department of Transportation regulations, requiring prospective employers of regulated employees to obtain the above information from all prior employers in any form, including personal or telephone interviews, letters or any other method ensuring confidentiality, within 24 calendar days of permitting new employees to perform safety-sensitive functions.

I understand that my records may be protected under the Federal Civilian Employee Alcoholism and Drug Abuse Confidentiality of Records Act (42 CFR Part 2) and the Privacy Act of 1974. I also understand that information about me cannot be disclosed without my written consent, unless otherwise provided for specifically in the regulations. I also understand that I may revoke this consent at any time; except to the extent that any actions may already have been taken in reliance upon this informed consent.

This Consent for Release of Confidential Information will automatically expire on _____.

Expiration Date (up to 1 year)

 Print Employee Name Employee Signature Date Signed

PROSPECTIVE EMPLOYER REQUESTING INFORMATION

Prospective Employer: _____ Phone: _____
 Address: _____ Fax: _____
 _____ Secure: Yes No
 Contact Person Name: _____ Title: _____
 Information Requested VIA: U.S. Mail Fax Other Date: _____

SUMMARY OF RESULTS BY PREVIOUS EMPLOYER

Records of alcohol or controlled substances tests for the subject employee, conducted by our company under U. S. Department of Transportation regulations for the two (2) year period preceding the date of this release, include result (s) that:

- | | | |
|---|-----|----|
| 1. EXCEEDED AN ALCOHOL CONCENTRATION OF 0.04 | Yes | No |
| 2. WERE POSITIVE FOR CONTROLLED SUBSTANCE (S) | Yes | No |
| 3. INDICATE THE DRIVER REFUSED TO BE TESTED | Yes | No |

Contact Person Name: _____ Title: _____
 Contact Person Phone: _____ Ext.: _____ Fax: _____
 Response VIA: Phone U.S. Mail Fax Date: _____

TAYLOR COUNTY COMMISSIONERS
P.O. BOX 278
BUTLER, GA 31006
478-862-3336

CONSENT FORM FOR CRIMINAL BACKGROUND CHECK

I HEREBY AUTHORIZE **TAYLOR COUNTY COMMISSIONER'S OFFICE** TO RECEIVE MY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.

LAST FIRST MIDDLE MAIDEN

STREET ADDRESS CITY STATE ZIP

PREVIOUS ADDRESS CITY STATE ZIP

RACE SEX DOB SOCIAL SECURITY #

PURPOSE FOR REQUEST AGENCY'S NAME

SIGNATURE DATE

NOTARY DATE

SEAL

**AUTHORIZATION TO RELEASE INFORMATION ON
DRIVING HISTORY**

I HEREBY AUTHORIZE THE TAYLOR COUNTY BOARD OF COMMISSIONERS, OR OTHER AUTHORIZED REPRESENTATIVE OF TAYLOR COUNTY BEARING THIS RELEASE OR COPY THEREOF, WITHIN 12 MONTHS OF ITS DATE TO OBTAIN ANY INFORMATION IN MY FILES PERTAINING TO MY DRIVING RECORD. THIS RELEASE IS EXECUTED WITH FULL KNOWLEDGE AND UNDERSTANDING THAT THE INFORMATION IS FOR OFFICIAL USE OF TAYLOR COUNTY, CONSENT IS GRANTED FOR TAYLOR COUNTY TO FURNISH SUCH INFORMATION AS TO DESCRIBED ABOVE, TO THIRD PARTIES IN THE COURSE OF FULFILLING ITS OFFICIAL RESPONSIBILTIES SHOULD THERE BE ANY QUESTIONS AS TO VALIDITY OF THIS RELEASE, YOU MAY CONTACT ME AS INDICATED BELOW.

I HEREBY AUTHORIZE MY PREVIOUS EMPLOYERS TO PROVIDE TAYLOR COUNTY AND ITS AGENTS WITH ANY AND ALL INFORMATION THAT THEY MAY REQUEST. I HEREBY RELEASE MY FORMER EMPLOYERS FROM LIABILTY FOR PROVIDING SUCH INFORMATION.

FULL NAME _____
SIGNATURE _____

FULL NAME _____
PRINT _____

DATE OF SIGNATURE _____

DRIVERS LICENSE NUMBER _____

DATE OF BIRTH _____

STATE WHERE ISSUED _____

EXPIRATION DATE _____

NOTARY PUBLIC _____

NOTARY EXPIRATION _____

**APPLICANT'S CERTIFICATION AND AGREEMENT
AUTHORIZATION TO RELEASE INFORMATION**

I, DECLARE THE INFORMATION PROVIDED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE AND I UNDERSTAND THAT MISREPRESENTATIONS OF FACTS OR FALSIFICATION OF THIS INFORMATION ARE GROUNDS FOR REFUSAL TO HIRE, OR IF HIRED, TERMINATION.

I, AUTHORIZE ANY PERSONS OR ORGANIZATIONS TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, EDUCATION, ANY OTHER INFORMATION THEY MIGHT HAVE, PERSONAL OR OTHERWISE, WITH REGARD TO ANY OF THE SUBJECT COVERED BY THIS APPLICATION, AND RELEASE ALL SUCH PARTIES FROM ALL LIABILITY FOR ANY DAMAGE WHICH MAY RESULT FROM FURNISHING SUCH INFORMATION TO YOU.

I, AUTHORIZE YOU TO REQUEST, RECEIVE, AND VERIFY ALL INFORMATION GIVEN IN THIS APPLICATION.

IF I AM EMPLOYED BY TAYLOR COUNTY GOVERNMENT, I AGREE TO COMFORM TO THE POLICIES, RULES, AND REGULATIONS OF THE GOVERNMENT SET FORTH IN TAYLOR COUNTY GOVERNMENT'S PERSONNEL SYSTEM, EMPLOYEE HANDBOOK, POLICIES, AND ORDINANCES; AND AT ANY TIME ACKNOWLEDGE THAT POLICIES, RULES, AND REGULATIONS MAY BE CHANGED, INTERPRETED, WITHDRAWN, OR ADDED BY THE EMPLOYER AT THE EMPLOYER'S SOLE OPTION.

I, FURTHER ACKNOWLEDGE THAT IF I AM EMPLOYED BY TAYLOR COUNTY, THE EMPLOYMENT WILL BE AT-WILL AND MAY BE TERMINATED WITH OR WITHOUT CAUSE AT ANY TIME BY THE EMPLOYER UNTIL I BECOME A NON-PROBATIONARY REGULAR EMPLOYEE.

IF REQUIRED BY TAYLOR COUNTY GOVERNMENT FOR THE POSITION I AM APPLYING, I CONSENT TO UNDERGO A PHYSICAL EXAMINATION.

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

BEFORE ANY APPLICANT CAN BE SELECTED FOR EMPLOYMENT WITH TAYLOR COUNTY GOVERNMENT, HE/SHE MUST SUBMIT TO A DRUG TEST. SHOULD YOU BE OFFERED A JOB WITH TAYLOR COUNTY GOVERNMENT, YOUR POSITION MAY REQUIRE RANDOM DRUG TESTING.

MAY WE CONTACT YOUR PRESENT EMPLOYER? **YES OR NO** _____

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.

SIGNATURE

DATE



Georgia Department of Driver Services
 Customer Service, Licensing and Records Division
 P.O. Box 80447
 Conyers, Georgia 30013

REQUEST FOR MOTOR VEHICLE REPORT (MVR)

- I am requesting my own Georgia MVR. (Complete Sections 1, 3, and 4)
- I am requesting a Georgia MVR of another individual. (Complete Sections 1, 2, 3, and 4)

PLEASE PRINT LEGIBLY

SECTION 1 – DRIVER INFORMATION (must exactly match driving record)			
Full Name (First, Middle, Last)			
Driver Date of Birth (MM/DD/YY)		Driver's License Number	

SECTION 2 – THIRD PARTY REQUESTOR INFORMATION	
Full Name (First, Middle, Last)	
Firm Name (if applicable)	
Address	
FOR DEPARTMENTAL USE ONLY	

SECTION 3 – TERM OF REQUEST
Please choose one of the following options: <input type="checkbox"/> Three (3) year Georgia MVR (\$6.00 fee) <input type="checkbox"/> Seven (7) year Georgia MVR (\$8.00 fee)
If you are requesting a Georgia MVR by mail, please include a business sized self-addressed stamped envelope along with this request and the required payment amount. By mail, we accept cashier's checks, money orders, and company checks. PERSONAL CHECKS ARE NOT ACCEPTED BY MAIL.

SECTION 4 – AUTHORIZATION TO RELEASE RECORD OF DRIVER			
Under penalty of law, I hereby: (please check one)		<input type="checkbox"/> request release of my driving record; OR <input type="checkbox"/> consent to release of my driving record to the person and/or entity named in Section 2, in accordance with O.C.G.A. §40-5-2.	
Signature of Driver		Date (MM-DD-YY)	