



HABERSHAM COUNTY GOVERNMENT EMPLOYMENT APPLICATION*

Habersham County is a drug-free workplace

HUMAN RESOURCES DEPARTMENT
555 Monroe Street - Unit 20, Clarkesville GA 30523
Telephone: (706)839-0200 - Fax: (706)839-0219

Active for 30 days unless otherwise notified

Date Applied:

Name:	(Last)	(First)	(MI)	Phone Number:
				() () ()
Street Address:	(City)	(State)	(Zip)	Years at Address:

Name of Job Applying for:

Are you available to work any time of the day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Former County Employee?
Are you available to work any day of the week?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Department/Division	Job Title & Duties	From	To
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Relatives working for the Habersham County Government - Names and Relationship:

How did you learn of this available position?	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Internet	<input type="checkbox"/> Explain:
Please Check	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Other	

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

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.

List Licenses/Certificates

Related to Position Applied for:

Have you ever been convicted for violating any law? Yes No A yes will not necessarily disqualify you from employment

If Yes, Please Explain:

MUST POSSESS A VALID DRIVER'S LICENSES. PLEASE COMPLETE THE FOLLOWING

Possess A Valid Driver's License?	Good Driving Record?	Driver's License No.	Driver's License Class/Endorsements
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

UNITED STATES MILITARY HISTORY

Branch	Date Entered	Date Discharged	Type of Discharge	Highest Rank Attained and Unit

INDICATE SPECIFIC SKILLS ACQUIRED IN THE UNITED STATES ARMED FORCES:

EDUCATIONAL HISTORY

Name	Location	Circle the highest grade completed	Graduated?
High School		7 8 9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade (or Apprentices) School		From _____ To _____	
College or Business School		From _____ To _____	Mrs. Earned _____ Major Degree Earned _____

EDUCATIONAL HISTORY CONTINUED

Describe special vocational or business courses you have taken which relate to the job for which you are applying

* The Habersham County Government is an equal opportunity employer and provides fair and equal employment opportunities to all applicants for employment and employees without regard to race, color, religion, natural origin, citizenship status, age, sex, disability, veteran's status, or political affiliation.

USE THIS SPACE FOR COMMENTS ABOUT YOUR SPECIAL ABILITIES I.E. APPRENTICESHIPS, TOOLS, CERTIFICATES, EXPERIENCE, ETC.

Describe your work history BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB. Include military, volunteer experience and periods of unemployment. Complete address with zip code and phone number 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.

Employment History (Please cover employment history for past 10 years, including military if applicable.) Use attachment if necessary.					
(1)Name of Employer (2)Address (3)Phone Number	From Mo./Yr.	To Mo./Yr.	Wage Rate Start/Finish	Job Title And Duties	Reason for Leaving Supervisor's Name
Name: Address: Phone: ()					
Name: Address: Phone: ()					
Name: Address: Phone: ()					
Name: Address: Phone: ()					

PLEASE COMPLETE ALL AREAS ABOVE, WHETHER OR NOT A RESUME IS ATTACHED

Work References We May Contact (Include At Least Two Most Recent or Current Supervisors)

Name:
Address:
Occupation: Phone:
Name:
Address:
Occupation: Phone:

Name:
Address:
Occupation: Phone:
Name:
Address:
Occupation: Phone:

PLEASE READ THIS IMPORTANT INFORMATION BELOW. ASK FOR CLARIFICATION IF NEEDED.

The undersigned has applied for employment with the Habersham County Government and hereby authorizes the Habersham County Government to contact my current and former employers and references for the purpose of acquiring information regarding me. I hereby authorize such employers and references to supply such information verbally or in writing to Habersham County Government. In consideration for their furnishing such information, I hereby waive any and all claims against such former employers and references which may arise from their furnishing such information.

*I understand the Habersham County Government has a Substance Abuse Prevention Program which includes drug testing. I agree to comply with applicable County policy.

*I understand that before a position can be offered, I will be required to complete a drug screen and criminal background check.

*I understand that before a position can be offered, I may be required to pass a physical examination (if applicable).

*I certify that the answers given by me to all of the questions on this application are to the best of my knowledge and belief true and correct. I further affirm that I have not knowingly withheld any facts or circumstances that would detrimentally affect my application for employment, and I understand that any misleading or incorrect statement may render this application void and would be cause for dismissal, if employed.

I AGREE THAT IF HIRED, THE HABERSHAM COUNTY GOVERNMENT OR I MAY TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE. I UNDERSTAND THAT NO COUNTY POLICY, PRACTICE, PROCEDURE, OR STATEMENT BY ANY COUNTY REPRESENTATIVE SHALL LIMIT OR ALTER THIS AT-WILL-EMPLOYMENT RELATIONSHIP.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT:

_____ Signature

_____ Date

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the **Habersham County Emergency Services** to conduct an
Criminal Justice Agency
 inquiry and receive any Georgia criminal history record information pertaining to me which may be
 contained in the files of any state or local criminal justice agency in Georgia.

Full Name (print):			
Address			
Sex	Race	Date of Birth	Social Security Number

CHECK ONE

This authorization is valid for 90/180/ 365 (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.

Signature _____

Date _____

DO NOT WRITE BELOW THIS LINE - AGENCY USE ONLY

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

Purpose Code used: (check one)

<input checked="" type="checkbox"/>	Employment (E) – Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Employment with Mentally Disabled (M) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Employment with Elder Care (N) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Employment with Children (W) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Public Records (P) – Provides <i>Georgia</i> Felony Convictions Only

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

<input type="checkbox"/>	No Georgia CHRI results available.
<input type="checkbox"/>	Georgia CHRI attached/released.

<input type="checkbox"/>	No NCIC/GCIC Warrant results available.
<input type="checkbox"/>	Possible NCIC/GCIC Warrant. Contact Agency listed below.

Wanting Agency Name:	_____
Agency Telephone:	_____

Agency Designee Signature and Title _____

Date _____