



# APPLICATION FOR EMPLOYMENT

## MERIWETHER COUNTY GOVERNMENT

(Please Print or Type)

Date Submitted  
(Office use only)

**Applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or the presence of a non-job related medical illness or disability**

Date of Application \_\_\_\_\_

Position(s) Applying For \_\_\_\_\_

<b>NAME</b>	Last	First	Middle
<b>ADDRESS</b>	Number	Street	
	City		State
<b>TELEPHONE</b>	Main		Alternate
	Email Address		

Have you filed an application with Meriwether County before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes give date:	
Do you currently have any relatives working for Meriwether County Government?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please list below.	
Name:	Relation:		
Have you ever been employed with Meriwether County before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes give date you left:	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your present employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully being employed in the country due to Visa or Immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you available for nights, weekends and on call if required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you available to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary			
Are you on a layoff subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Some work requires out of town training, can you travel if required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If offered employment, on what date would you be available to report for work?			Date:
Do you have a valid Georgia driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a valid commercial driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you read the job description for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No			
After reading the job description, are you able to perform the essential functions of this job with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**EMPLOYMENT HISTORY – Please start with your current or most recent employer****EMPLOYER 1**

Employer	Dates Employed		Telephone
	From	To	
Address			Describe Work Duties Performed
Job Title	Hourly Rate / Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

**EMPLOYER 2**

Employer	Dates Employed		Telephone
	From	To	
Address			Describe Work Duties Performed
Job Title	Hourly Rate / Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

**EMPLOYER 3**

Employer	Dates Employed		Telephone
	From	To	
Address			Describe Work Duties Performed
Job Title	Hourly Rate / Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

**EMPLOYER 4**

Employer	Dates Employed		Telephone
	From	To	
Address			Describe Work Duties Performed
Job Title	Hourly Rate / Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

**SPECIAL SKILLS, CERTIFICATIONS, QUALIFICATIONS, SPECIALIZED TRAINING AND APPRENTICESHIPS**

Please summarize any special skills, certifications, qualifications, special training or experience that you feel would be useful in helping us consider you for the position you are applying for.

**MILITARY EXPERIENCE**

Were you in the U.S. Armed Forces?  Yes  No

If yes, which branch?

Dates of duty:

From:

To:

Rank at separation:

Type of Separation:  Honorable  Dishonorable  Other

Please briefly describe your duties:

**PLEASE LIST ANY HONORS RECEIVED****EMERGENCY CONTACT – Please list information about the person you would like contacted in case of emergency**

<b>Emergency Contact</b>	Name:			
Address:	City:	State	Zip	
Best Telephone Number:		Alternate Phone Number:		
Relationship to you:				

**EDUCATION**

<b>HIGH SCHOOL</b>	Name of High School:		
City:	State:	Zip:	
Highest Grade Completed: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		Did you graduate or achieve GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Honors Received:			

<b>COLLEGE</b>	Name of Institution:		
City:	State:	Zip:	
Highest Level Completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Diploma or Certificate: <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate		Subject or Major:	

<b>UNDERGRADUATE / TECHNICAL</b>	Name of Institution:		
City:	State:	Zip:	
Highest Level Completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Diploma or Certificate: <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate		Subject or Major:	

<b>OTHER</b>	Name of Institution:		
City:	State:	Zip:	
Highest Level Completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Diploma or Certificate: <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate		Subject or Major:	

<b>OTHER</b>	Name of Institution:		
City:	State:	Zip:	
Highest Level Completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Diploma or Certificate: <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate		Subject or Major:	

**PERSONAL REFERENCES**

Please provide information on three character references who are not related to you and are not previous employers.

<b>Personal Reference 1</b>	Name:		
Address:	City:	State	Zip
Best Telephone Number:	Years Known?		
Occupation:	How do you know this person		

<b>Personal Reference 2</b>	Name:		
Address:	City:	State	Zip
Best Telephone Number:	Years Known?		
Occupation:	How do you know this person		

<b>Personal Reference 3</b>	Name:		
Address:	City:	State	Zip
Best Telephone Number:	Years Known?		
Occupation:	How do you know this person		

**PROFESSIONAL REFERENCE**

Please provide information on one professional reference who is not related to you, that you have worked with or for in the past.

<b>Professional Reference</b>	Name:		
Address:	City:	State	Zip
Best Telephone Number:	Where did you work with or for this person?		
Occupation:	How do you know this person?		

**Authorization to Release Information / Conditions of Employment** I have made application for employment with Meriwether County Government. I authorize any persons or organizations to give Meriwether County Government any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise with regard to any of the subjects covered by this application. I hereby release all such parties from all liability for any damage whatsoever for issuing same. Furthermore, if I am employed by Meriwether County Government, I agree to conform to the policies, rules, orders and regulations of the government set forth in the Meriwether County Government Personnel Policy and Ordinances; and acknowledge that these policies, rules, and regulations may be changed, interpreted, withdrawn, or added to by the Meriwether County Board of Commissioners at any time, at the Boards sole discretion. I further acknowledge that if I become employed with Meriwether County Government, my employment will be at-will and may be terminated with or without cause at any time by me or by Meriwether County until such time that I am no longer on my initial trial period, and become a regular status employee.

**Alcohol and Controlled Substance Testing** As a condition of employment with Meriwether County Government, I acknowledge I will be required to submit to and successfully pass an alcohol and controlled substance test prior to employment. Should I become an employee with Meriwether County Government, I understand that my position requires random controlled substance testing. I understand, as a condition of my employment, I must abide by all policies regarding the effects of drug use and the unlawful possession of controlled substances. I understand I will be expected to report for work without the effects of illegal drugs and alcohol in my system. I understand that I must report any conviction under a criminal drug statute for such violations. A report of the conviction must be made within five (5) days after the conviction.

**Applicants Certification and Agreement** I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I am aware that the falsification of this application or the omission of complete information will result in disqualification, or upon discovery, termination of my employment. Meriwether County Government is hereby authorized to make any investigation of my prior educational and work history. I agree that all records generated for purposes of employment are property of and shall remain the sole and exclusive property of Meriwether County Government and may be subject to disclosure under the Georgia Open Records Act. I acknowledge by signing this form to the conditions of employment, release of information, and consent to alcohol and controlled substance testing requirements.

**Authorization of Criminal & Drivers History Release** I hereby authorize Meriwether County Government or its designee to receive any Criminal History Record and Drivers History information pertaining to me which may be in the files of any state or local criminal justice agency, state drivers agency and files contained in FBI, NCIC, and GCIC databases and furthermore give consent to Meriwether County Government to perform periodic criminal and driver history background checks for the duration of my employment

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Applicants Signature

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Date

*I understand that by typing my signature above, it has the same legal significance in this case as my handwritten signature*



## **MERIWETHER COUNTY BOARD OF COMMISSIONERS**

### **Criminal Records & Drivers History Authorization Release Form**

FIRST NAME (PLEASE PRINT):	LAST NAME:	MIDDLE:	
STREET ADDRESS:		CITY:	
STATE:	ZIP:	SEX:	RACE:
DATE OF BIRTH:	DRIVERS LICENSE AND STATE OF ISSUANCE:	SOCIAL SECURITY NUMBER:	

I hereby authorize Meriwether County Government or its designee to receive any Criminal History Record and Drivers History information pertaining to me which may be in the files of any state or local criminal justice agency, state drivers agency and files contained in FBI, NCIC, and GCIC databases and furthermore give consent to Meriwether County Government to perform periodic criminal and driver history background checks for the duration of my employment.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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#### **Special Employment Provisions (Check if Applicable):**

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

**A COPY OF A VALID DRIVERS LICENSE MUST BE ATTACHED TO THIS FORM**