



TIFT COUNTY BOARD OF COMMISSIONERS APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer
Tift County is a Drug Free Workplace

PLEASE READ BEFORE FILLING OUT THIS APPLICATION
Please answer every question. USE INK, PRINT PLAINLY.

1. APPLYING FOR:

Date: _____

Position: _____

Are you willing to work: Shifts? Saturdays? Sundays? Holidays? Overtime?

2. HOW DO WE CONTACT YOU:

Your Name: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Contact Number: _____

Email Address: _____

3. TELL US ABOUT YOUR EDUCATION:

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Job Related Training and Course Work: List any skills, licenses and certificates which are related to the job you seek (including words per minute typing speed and computer software proficiency). _____

Military Service Record:

Have you served in the Armed forces of the United States? _____ Branch of Service: _____
 Number of Years Served: _____ Rank at Discharge: _____ Type of Discharge: _____

4. TELL US ABOUT YOUR WORK EXPERIENCE:

Describe your work experience in detail, beginning with your current or most recent job, include military service (indicate rank) and job related volunteer work, if applicable. Provide an explanation for any gaps in employment. All information in this section must be complete. **A resume may be attached, but not substituted for completing this section.**

1. Name of Present or Last Employer: _____
Address: _____
Job Title: _____ Contact Number: _____
Supervisor's Name: _____ May we contact this employer? _____
Dates of Employment: From _____ To _____
Hours Worked Per Week _____ Salary _____

Job Duties (give details): _____

Reason for Leaving: _____

2. Next Most Recent Employer: _____
Address: _____
Job Title: _____ Contact Number: _____
Supervisor's Name: _____ May we contact this employer? _____
Dates of Employment: From _____ To _____
Hours Worked Per Week _____ Salary _____

Job Duties (give details): _____

Reason for Leaving: _____

3. Next Most Recent Employer: _____
Address: _____
Job Title: _____ Contact Number: _____
Supervisor's Name: _____ May we contact this employer? _____
Dates of Employment: From _____ To _____
Hours Worked Per Week _____ Salary _____

Job Duties (give details): _____

Reason for Leaving: _____

4. Next Most Recent Employer: _____
 Address: _____
 Job Title: _____ Contact Number: _____
 Supervisor's Name: _____ May we contact this employer? _____
 Dates of Employment: From _____ To _____
 Hours Worked Per Week _____ Salary _____

Job Duties (give details): _____

Reason for Leaving: _____

5. OTHER INFORMATION:

Do you possess a valid driver's license? _____ If yes, provide number _____ State _____
 License Expiration Date: _____ Class (Check One): A B C D E F M G

Do you have any relatives employed with Tift County? _____ If yes, please provide names below.
 Name: _____ Relation: _____ Department: _____
 Name: _____ Relation: _____ Department: _____

Have you ever been convicted of a criminal offense? _____

Note: Omit minor vehicle violations. List all convictions, pleas of guilty, or pleas of no contest. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction is evaluated individually. *Unless applicant is applying for employment with Recreation or Sheriff Departments.

If yes, please list charge(s): _____
 Where Convicted: _____ Date: _____

If yes, please list charge(s): _____
 Where Convicted: _____ Date: _____

Have you ever been terminated or forced to resign from any job? _____
 If yes, please explain: _____

Are you legally authorized to work in the United States? _____

Give the names of two people, not relatives, who are familiar with your work.

Name: _____ Address: _____ Contact Number: _____
 Name: _____ Address: _____ Contact Number: _____

**PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS
PRE-EMPLOYMENT DRUG TESTING IS A CONDITION OF EMPLOYMENT**

The application will remain active for 30 days and if you are employed, you will be in a new hire status for the first three (3) full months of employment.

Employment with Tift County is at-will and nothing contained in this application or in the County's policies creates a contract of employment. If you are employed you will have the right to terminate your employment at any time, with or without notice and with or without cause. The County will have the same right.

Tift County is an equal opportunity employer. No question on this application is asked for the purpose of limiting or excluding qualified applicant's consideration for employment because of his or her race, color, religion, sex, age, national origin, disability or veteran status.

Authority to Release Information: By my signature, I consent to the release of information to authorized management and/or employees of Tift County which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service; law enforcement records, and/or any personnel record deemed necessary.

In addition, I consent to authorize appropriate management and/or employees of Tift County to make inquiries of third parties such as credit bureaus. I further release the organization, education entity, present and former employers, law enforcement organization and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

Name (please print): _____

Signature: _____ Date: _____

Certification of Applicant: By my signature, I affirm, agree and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

Name (please print): _____

Signature: _____ Date: _____

Sheriff
Gene Scarbrough

OFFICE OF THE SHERIFF
TIFT COUNTY, GEORGIA

P.O. Box 46
Tifton, Georgia 31793
(229) 388-6020
Fax (229) 388-6200

Name-Based Criminal History Record Information Consent/Inquiry Form

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

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

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 (Pur E and U Only) _____ Bar Number _____ Date _____

PLEASE DO NOT WRITE BELOW THIS LINE- OFFICE USE 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)
<input type="checkbox"/>	F - Probate Court / Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & Ill Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & Ill 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)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title _____

Agency Designee Signature and Title _____