



# 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**

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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 Tift County Board of Commissioners/Human Resources 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 \_\_\_\_\_

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

Purpose Code Used: (check one) **EMPLOYMENT**

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 & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & 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)

Wanting Agency Name: \_\_\_\_\_

Wanting Agency Telephone: \_\_\_\_\_

Agency Designee Signature and Title

Agency Designee Signature and Title