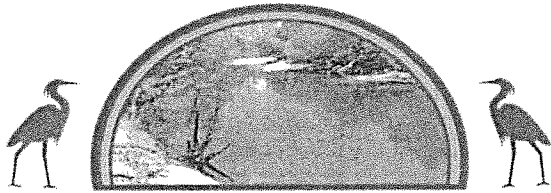


# APPLICATION FOR EMPLOYMENT

Internal Use Only  
Q \_\_\_ NQ \_\_\_



## BRANTLEY COUNTY GEORGIA

Est. 1920

POSITION APPLIED FOR:

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Brantley County Government  
P.O. Box 398  
Nahunta, Georgia 31553-0398  
(912) 462-5256

All information provided on this application **MUST BE COMPLETE** so that all applications can be given equitable consideration. All qualified applicants will receive consideration for employment regardless of race, color, religion, sex, age, national origin or disability. Brantley County will hire only authorized workers, regardless of national origin. This application must be typed or printed. Please complete one application for each position for which you are applying. **YOU MUST SIGN AND DATE YOUR APPLICATION IN INK. RESUMES ARE NOT ACCEPTED IN LIEU OF A COMPLETED APPLICATION.**

**INCOMPLETE APPLICATIONS MAY BE REJECTED**

### Personal Data

Salary Requirement: \_\_\_\_\_

Last Name                      First (given)                      Middle                      Other name(s) under which you have been employed

Address:                      Street                      Apt #                      City                      State                      Zip Code

E-mail Address: \_\_\_\_\_

Telephone:                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Home Phone #                      Work Phone #                      Cell Phone #

How did you hear of this opening? \_\_\_\_\_ Date available to begin: \_\_\_\_\_

WILL YOU ACCEPT: Temporary Work?  Part-Time Work?  Shift Work?  Weekend/Holiday?   
(Check all that apply)

Are you over 18 years old? \_\_\_\_\_ Are you eligible to work in the United States either because you are a U. S. citizen or have U. S. government permission to do so?  No  Yes

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.

Have you ever worked for us before?  No  Yes If yes, when and where? \_\_\_\_\_

Give name, relationship, & department of any relatives who are employed by Brantley County Government.

\_\_\_\_\_

Do you use tobacco products?  No  Yes If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**DRIVER'S HISTORY INFORMATION:**

Do you have a valid Drivers License?  No  Yes

License # \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_

Have you received any traffic violations in the past 3 years?  No  Yes If yes, list type of offense and dates:

\_\_\_\_\_

\_\_\_\_\_

**CRIMINAL HISTORY INFORMATION:**

Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a misdemeanor? (for example: DUI, Bad Checks, etc.)  No  Yes (Omit non-moving traffic violations/parking tickets and any offense which was finally adjudicated in a Juvenile Court or under a Youth Offender Law). If yes, describe the circumstances: (Date, Place, Charges, Disposition). Use additional sheets if necessary.

\_\_\_\_\_

\_\_\_\_\_

Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a felony?  No  Yes If yes, describe the circumstances: (Date, Place, Charges, Disposition). Use additional sheets if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** An applicant convicted of a criminal offense involving the manufacture, distribution, trafficking, or sale of a controlled substance, dangerous drugs or marijuana, or convicted of any felony involving a violent crime such as assault with a deadly weapon, aggravated assault or murder are ineligible for employment with Brantley County Government. Such applicants shall be automatically rejected. Applicants convicted of any other felony will be considered on a case-by-case basis. An applicant who has been convicted of any felony or misdemeanor and has received a pardon from the appropriate State Pardons Parole Board shall be eligible for employment with Brantley County Government.

Have you ever been suspended, demoted, dismissed or asked to resign from any job?  No  Yes

If yes, explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# EDUCATION

## High School

Name \_\_\_\_\_ Address: \_\_\_\_\_  
 (name of the high school or state authority issuing the diploma or certificate)

Circle highest grade completed:    7 8 9 10 11 12                      Graduated?  No  Yes

If not a high school graduate, do you have a GED?  No  Yes

## Colleges/Universities

Please complete the following section for post-secondary education (Technical Schools/Colleges/Universities):

| Name of School | City | State | If No Degree,<br>Hours Earned |          | Major | Type of<br>Degree | Degree<br>Earned<br>yes/no |
|----------------|------|-------|-------------------------------|----------|-------|-------------------|----------------------------|
|                |      |       | Quarter                       | Semester |       |                   |                            |
|                |      |       |                               |          |       |                   |                            |
|                |      |       |                               |          |       |                   |                            |
|                |      |       |                               |          |       |                   |                            |
|                |      |       |                               |          |       |                   |                            |

Describe any specialized training, qualifications, apprenticeship, skills, and extra-curricular activities which relate to the job for which you are applying. Include office equipment, computer skills, foreign language skills, typing skills, and business equipment or machine operating skills which may relate to the position for which you are applying. **Use additional sheets if necessary.**

**REFERENCES** – Give names, addresses, and telephone numbers of three (3) references that **ARE NOT** related to you and **ARE NOT** previous employers.

1. \_\_\_\_\_  
 Name Phone #

\_\_\_\_\_

Address: Street                      Apt #                      City                      State                      Zip Code

2. \_\_\_\_\_  
 Name Phone #

\_\_\_\_\_

Address: Street                      Apt #                      City                      State                      Zip Code

3. \_\_\_\_\_  
 Name Phone #

\_\_\_\_\_

Address: Street                      Apt #                      City                      State                      Zip Code

# Work History

Describe your work history **beginning with your current or most recent job**. Include military and volunteer experience and periods of unemployment. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes and telephone numbers 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.** Use additional sheets if necessary.



Name of Organization or Firm: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street  
City State Zip Code  
Dates Employed:  
From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  
Total Time Employed: \_\_\_\_\_

Name of Your Supervisor: \_\_\_\_\_ Pay Start: \_\_\_\_\_ End: \_\_\_\_\_

Your Official Job Title: \_\_\_\_\_

Specific Reason for Leaving: \_\_\_\_\_

Describe Your Specific Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Name of Organization or Firm: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street  
City State Zip Code  
Dates Employed:  
From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  
Total Time Employed: \_\_\_\_\_

Name of Your Supervisor: \_\_\_\_\_ Pay Start: \_\_\_\_\_ End: \_\_\_\_\_

Your Official Job Title: \_\_\_\_\_

Specific Reason for Leaving: \_\_\_\_\_

Describe Your Specific Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Name of Organization or Firm: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Street

Dates Employed:

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

City

State

Zip Code

Total Time Employed: \_\_\_\_\_

Name of Your Supervisor: \_\_\_\_\_ Pay Start: \_\_\_\_\_ End: \_\_\_\_\_

Your Official Job Title: \_\_\_\_\_

Specific Reason for Leaving: \_\_\_\_\_

Describe Your Specific Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Name of Organization or Firm: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Street

Dates Employed:

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

City

State

Zip Code

Total Time Employed: \_\_\_\_\_

Name of Your Supervisor: \_\_\_\_\_ Pay Start: \_\_\_\_\_ End: \_\_\_\_\_

Your Official Job Title: \_\_\_\_\_

Specific Reason for Leaving: \_\_\_\_\_

Describe Your Specific Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Please use this space for additional information pertinent to your education, training and experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Authorization to Release Information  
Conditions of Employment**

I have made application for employment with Brantley County. I authorize any persons or organizations to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, whether or not it is in their records, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage whatsoever for issuing same.

Furthermore, if I am employed by Brantley County, I agree to conform to the policies, rules, orders and regulations of the government set forth in the Brantley County Government's Personnel System, employee handbook, policies, and ordinances; and acknowledge that these policies, rules, and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option.

I further acknowledge that if I become employed with Brantley County, my employment will be at-will and may be terminated with or without cause at any time by me or by the employer until such time that I am no longer on my initial trial period, and become a regular status employee.

If required by Brantley County Government for the position which I am applying, I consent to undergo a physical examination and/or psychological examination after I have received a conditional offer of employment, as deemed necessary.

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

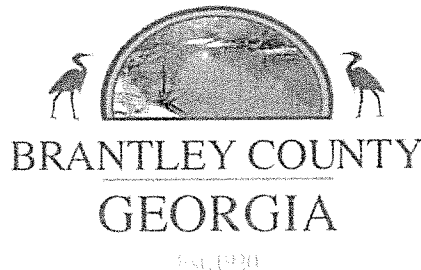
· Before an applicant can be employed with Brantley County, they must successfully pass a drug test. Should you become an employee with Brantley County, your position may require random drug testing.

May we contact your present employer?  No  Yes  Presently not employed

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.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_





**Alcohol and Controlled Substance Testing**

As a condition of employment with Brantley County, you will be required to submit to an alcohol and controlled substance test. Employees must, as a condition of employment, abide by our policies regarding the effects of drug use and the unlawful possession of controlled substances. Employees are expected to report for work without the effects of illegal drugs and alcohol in their bodily systems. Employees 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. (This requirement is mandated by the Drug-Free Workplace Act of 1988). In order to be employed by Brantley County, you must successfully pass the aforementioned testing.

By signing this form, I acknowledge the above and consent to such an examination and test.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



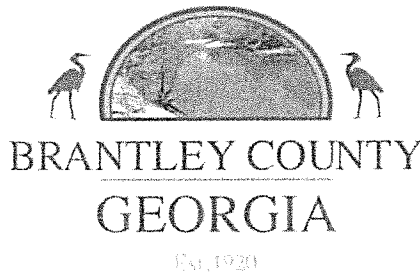
**Applicant's Certification and Agreement**

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 employment. Brantley County Government is hereby authorized to make any investigation of my prior educational and work history. Finally, I agree that all records generated for purposes of employment are property of and shall remain the sole and exclusive property of Brantley County.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Resumes, letters of reference, etc. submitted with the application become the property of Brantley County and will not be returned. The information you have provided on the application is subject to public disclosure under the Georgia Open Records Act.

**ALL OFFICIAL APPLICATIONS MUST CONTAIN ORIGINAL SIGNATURES.**



**GEORGIA PEACE OFFICER STANDARDS AND TRAINING COUNCIL**  
**PO Box 349**  
**Clarkdale, Georgia 30111-0349**

**Mike Ayers**  
**Executive Director**



**Telephone: (770) 732-5604**  
**Fax: (770) 732-5952**

As a professional member of the law enforcement profession in Georgia, I realize that I am held to a very high standard of professional conduct. As a certified peace officer or criminal justice professional, I freely accept this responsibility without reservation. I acknowledge that the following issues could result in serious adverse action taken against me. Those actions could result in sanctions up to and including the loss of my certification.

- 1) A conviction, plea of guilty, plea of no contest or admission of guilt (regardless of withheld adjudication) to a felony, a crime punishable by a sentence of more than one year, or a crime of moral turpitude in this or any other jurisdiction;
- 2) Unlawful use of a controlled substance;
- 3) The use of excessive or unwarranted force in dealing with the public and/or prisoners;
- 4) Dangerous or unsafe practices involving firearms or their security, weapons, or vehicles which indicate either a willful or wanton disregard for the safety of persons or property;
- 5) Physical or psychological abuse of members of the public or prisoners;
- 6) Any act of domestic violence;
- 7) Misrepresentation of employment-related information;
- 8) Willfully making a false, misleading, incomplete, deceitful or incorrect statement(s) to a law enforcement officer, agency, or representative, except when required by departmental policy or by the laws of this state;
- 9) Willfully making a false, misleading, incomplete, deceitful, or incorrect statement(s) to any court of competent jurisdiction, or to their staff members, whether under oath or not;



- 10) Willfully providing a false, misleading, incomplete, deceitful, or incorrect information on a document, record, report, or form, except when required by departmental policy or the laws of this state;
- 11) Willfully cheating or aiding another in cheating on any required testing procedures conducted in the scope of one's official duties. Note: No superior officer appointed over you has the authority to compel you to cheat or authorize you to cheat and as such, this is not a valid defense;
- 12) Willfully obeying the direction of a superior officer who has issued an apparent unlawful command or order. When uncertain as to the legitimacy or legality of the command it is incumbent upon me to seek clarification from the issuing officer or that officer's superior.

I fully understand the importance of professional conduct and that the public has every right to hold its public servants at the highest level of professional and personal conduct. Having freely volunteered to seek employment in this occupational field, I agree to these standards of conduct and understand their requirements. I further understand that should I decide to violate any of these standards, the Georgia Peace Officer Standards and Training Council has the authority to impose sanctions upon me up to and including the revocation of my certification.

I have read the foregoing conditions and I fully understand them. Should I fail to understand any portion of this agreement I accept that it is incumbent on me to seek additional explanation from a superior officer or by contacting a representative of Georgia POST Council by calling (770) 732-5604. I freely and voluntarily agree to the complete terms of this document and agree to be bound by the conditions of this agreement this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Printed Name

**Name-Based Criminal History Record Information Consent/Inquiry Form**

I hereby authorize Brantley County Sheriffs Office/ J Bohannon 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 180 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)

| 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 checked="" 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

## Georgia Driver's History Consent Form

O.C.G.A. § 40-5-2(f)(4) authorizes local fire departments and law enforcement agencies access to Georgia driver's history records as part of an application for employment or any current employee for use relative to the performance of official duties with the local fire or law enforcement agency.

I hereby authorize the

Brantley County Sheriffs Office/ J Bohannon

List Name of Law Enforcement Agency/Fire Department

To receive a copy of my Georgia Driver's History record as part of my application for employment, or for use relative to the performance of my official duties with the agency.

|                         |  |
|-------------------------|--|
| Full Name (print)       |  |
| Address                 |  |
| Sex                     |  |
| Race                    |  |
| Date of Birth           |  |
| Social Security Number  |  |
| Driver's License Number |  |

This authorization is valid for 90 days from the date of signature.

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

To be completed by CJIS network operator:

|                     |  |
|---------------------|--|
| Date of Inquiry     |  |
| Time of Inquiry     |  |
| Operator's Initials |  |

|                            |  |
|----------------------------|--|
| Date Results Provided      |  |
| Person Results Provided to |  |