



CARROLL COUNTY BOARD OF COMMISSIONERS

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In order to submit, there must be an answer in every box with an *, even if it is N/A.

Detach these instructions and maintain for your reference.

Please read the following information before completing your application. A separate application is required for each position title.

EMPLOYMENT POLICY

Carroll County is an Equal Opportunity Employer. It is our policy that employment decisions are made on the basis of merit and fitness for the position.

COMPLETING THE APPLICATION

Applications will be accepted ONLY when a position is open. Applicants must submit an application for each position. If you need more space, you may attach additional sheets. All questions must be answered. Incomplete applications will not be considered. **A resumé can be attached but does not take the place of a completed application.**

JOB REQUIREMENTS

Please note the education, experience, and certification requirements listed in each job vacancy posting. These are minimum standards which all applicants should meet in order to be considered for employment. All employees are required to provide proof of identity and authorization of employability.

ADVERTISING VACANCIES

Available positions and job applications are posted on the Carroll County official website: www.carrollcountyga.com. Job vacancies are also posted for review outside the Human Resources Department (Room 204 of the Historical Courthouse) and within each department.

APPLICANT PROCEDURE

Completed applications should be submitted to the Human Resources Department on or before the established closing date as stated on the job vacancy announcement. Applications will be accepted in person, by mail, or by fax. **Applications must include the Description Code for the posted position.**

REVIEW / INTERVIEW / JOB OFFER PROCEDURE

- Each application received by the established closing date for the position will be forwarded to the Hiring Department for consideration
- Interviews may be held within either the Human Resources Department or the Hiring Department. Applicants selected for interviews will be notified by telephone or by letter when interviews are to be scheduled.
- After interviews are conducted, the Hiring Department will make a selection and will inform Human Resources of the decision.
- Human Resources will contact the selected candidate for submission to a physical, drug and alcohol screen, as well as a Criminal Background Check/Criminal History Report. NOTE: **all** Criminal Background Checks/Reports are performed by the Carroll County Sheriff's Department; **unless** the candidate's legal residence, as displayed on a driver's license or ID card, lies outside the state of Georgia. In such case, the candidate is required and responsible for obtaining a Criminal History Report from their state of residence and providing that report to the Carroll County Human Resources Department. **The candidate must pass the physical, drug and alcohol screen, and the Criminal Background Check before employment is offered.** Once the Human Resources Department obtains the results of the physical, drug and alcohol screen, **and** the Criminal History Report; the Human Resources Department or the Hiring Department will contact the applicant to offer the position.

NOTE: Applications, resumé, letters of reference, and other documents become property of Carroll County and cannot be returned. The information you have provided on the application may be subject to public disclosure under the Georgia Open Records Act.



CARROLL COUNTY APPLICATION FOR EMPLOYMENT

Applications will be accepted ONLY when a position is open:

Description Code: _____

Position: _____

We consider applicants for all positions without regard to race, color, sex, religion, national origin, age, marital or veteran status, the presence of a disability, or any other legally protected status.

PERSONAL DATA

Last Name *: _____

First Name *: _____

Middle Name *: _____

Other names under which you have been employed *: _____

Mailing Address *: _____

City *: _____ State *: _____ Zip Code *: _____

Home Phone *: _____

Cell Phone *: _____

Work Phone *: _____

Email *: _____

WILL YOU ACCEPT (Check all that apply)*

Temporary Work Part-Time Work Shift Work Weekend/Holiday Full-Time Work

NOTE: *If offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide requested documentation may result in a determination that the application is ineligible for employment in the United States.*

Are you: _____ at least 18 years old _____ at least 21 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 *: Yes No

Have you ever worked for us before? *: Yes No

If yes, department and dates: _____

Give **name, relationship, and department of any relatives** currently employed with Carroll County Government: _____

What **accommodations** do you need in order to perform the job duties listed for this position? *: _____

If this position requires a **Driver's License**, do you have one that is a valid / current? * Yes No

License # : _____ Type: _____ State: _____

Have you had any **traffic violations** in the past 3 years? *: Yes No

If yes, please indicate type of **traffic offenses and dates**: _____

Have you ever been **convicted of an offense against the law** or are you now under charges for any offense against the law? (Omit non-moving traffic violations and any offense which was finally adjudicated in a Juvenile Court or under a Youth Offender Law) *: Yes No

If yes, please give complete details **traffic offenses, dates, location, charges, disposition**: _____

NOTE: *A conviction will not necessarily bar you from employment. Each conviction will be judged on its own merits with respect to time, circumstances, and seriousness.*

EDUCATION

High School/GED:

Name *: _____

Address, City, State and Zip *: _____

Course of Study *: _____

Diploma / Degree and Year Earned *: _____

Technical School / Community College:

Name *: _____

Address, City, State and Zip *: _____

Course of Study *: _____

Diploma / Degree and Year Earned *: _____

Undergraduate College:

Name *: _____

Address, City, State and Zip *: _____

Course of Study *: _____

Diploma / Degree and Year Earned *: _____

Graduate / Professional:

Name *: _____

Address, City, State and Zip *: _____

Course of Study *: _____

Diploma / Degree and Year Earned *: _____

Other Educational Institutions:

Name *: _____

Address, City, State and Zip *: _____

Course of Study *: _____

Diploma / Degree and Year Earned *: _____

Describe any specialized training, apprenticeship, skills, and extra-curricular activities. Include office equipment skills, computer skills, foreign language skills, and special honors that may relate to the position for which you are applying.

PERSONAL REFERENCES

Give names, addresses, and telephone numbers of three (3) references who are **not related** to you and are **not previous employers**:

Reference # 1

Name *: _____

Address *: _____

City *: _____

State *: _____

Zip Code *: _____

Phone *: _____

Reference # 2

Name *: _____

Address *: _____

City *: _____

State *: _____

Zip Code *: _____

Phone *: _____

Reference # 3

Name *: _____

Address *: _____

City *: _____

State *: _____

Zip Code *: _____

Phone *: _____

WORK HISTORY / REFERENCES

Describe your work history beginning with your current or most recent job. Include military and volunteer experience.

Complete phone numbers and addresses with zip codes for all employers are necessary.

NOTE: *Failure to give complete information regarding each job held may result in your disqualification.*

Have you ever been disciplined, fired, or asked to resign from any job *: _____ Yes _____ No

If yes, why?: _____

Company # 1

Company Name *: _____

Address, City, State and Zip *: _____

Name of Supervisor *: _____

Phone *: _____

Employment Dates to and from *: _____

Position Held *: _____

Salary *: _____

Reason for Leaving *: _____

Describe Your Duties *: _____

Company # 2

Company Name *: _____

Address, City, State and Zip *: _____

Name of Supervisor *: _____

Phone *: _____

Employment Dates to and from *: _____

Position Held *: _____

Salary *: _____

Reason for Leaving *: _____

Describe Your Duties *: _____

Company # 3

Company Name *: _____

Address, City, State and Zip *: _____

Name of Supervisor *: _____

Phone *: _____

Employment Dates to and from *: _____

Position Held *: _____

Salary *: _____

Reason for Leaving *: _____

Describe Your Duties *: _____

NOTE: *A resumé should be attached **only** as additional information and **will not be accepted in lieu of** completing this section.*

**APPLICANT'S CERTIFICATION AND AGREEMENT
AUTHORIZATION TO RELEASE INFORMATION
CONDITIONS OF EMPLOYMENT**

I hereby declare the information provided by me in this application is true and complete, and I understand that misrepresentations, omissions of facts, or falsification of this information are grounds for refusal to hire, or if hired, termination.

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, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to you.

I authorize you to request, receive, and verify all information given in this application. I understand that the information provided on this application may be subject to public disclosure under the Georgia Open Records Act.

If I am employed by the Carroll County Government, I agree to conform to the policies, rules, and regulations of the government set forth in the 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.

If required by Carroll County Government for the position I am applying, I consent to undergo a physical examination prior to being offered employment, as deemed necessary.

I acknowledge that before I can be selected for employment with Carroll County Government I must submit to a drug test. Should I be offered a job with Carroll County Government, I understand this position may require periodic drug testing.

➤ **May we contact your present employer:**

Yes **No** **Presently not employed**

Signature: _____

Date: _____

ALCOHOL AND CONTROLLED SUBSTANCE TESTING

As a condition of employment by Carroll County Government, you will be required to submit to an alcohol and controlled substance screening test. Employees must, as a condition of employment, abide by our policy regarding the effects of drug use and the unlawful possession of controlled substances. 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 Carroll County Government, you must successfully pass this screening test.

By signing this form, you are acknowledging that you consent to such examination and screening tests:

Signature: _____

Date: _____

THIS PAGE WILL BE MAINTAINED SEPARATELY BY THE HUMAN RESOURCES DEPARTMENT

As part of our application process, the Human Resources Department would like to know who or what your source of referral was for the position you are currently applying for with Carroll County. Please select one of the following choices. Thank you for your feedback as it is much appreciated!

REFERRAL SOURCE *:

____ Walk-In

____ Newspaper

____ Relative

____ Community Agency

____ Employee

____ Employment Service

____ Job Line

____ Other

____ Professional Journals

If other: _____