



# BROOKS COUNTY EMPLOYMENT / JOB APPLICATION

BROOKS COUNTY ACCEPTS APPLICATIONS FOR POSITIONS POSTED VIA JOB ANNOUNCEMENT AND / OR ADVERTISEMENT ONLY. UNSOLICITED APPLICATIONS WILL BE VOIDED. HOW TO APPLY: Applications for employment must be made on the county's official application form. Resumes by themselves do not satisfy this requirement. Completed applications are to be turned in at the Brooks County Administrative Building, 610 S. Highland Rd., Quitman, Georgia 31643, Attention Human Resources, phone (229) 263-5561, or can be mailed. Brooks County will continue to list available positions online as well as a printable application.

For special communication needs, please refer to the Human Resources Department at (229) 560-8087.

**POSITION APPLYING FOR:** \_\_\_\_\_

## PERSONAL INFORMATION

**FULL NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_  
First Middle Last

**ADDRESS** \_\_\_\_\_  
Street Address Apt/Suite

City State Zip Code

**E-MAIL** \_\_\_\_\_ **FACEBOOK** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**SOCIAL SECURITY NUMBER (SSN)** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**DATE AVAILABLE** \_\_\_\_\_ **DESIRED PAY \$** \_\_\_\_\_  HOUR  SALARY

**EMPLOYMENT DESIRED**  FULL-TIME  PART-TIME  SEASONAL

## EMPLOYMENT ELIGIBILITY

Do you have a valid Georgia Drivers License?  YES  NO

License Type: \_\_\_\_ Operator \_\_\_\_ CDL \_\_\_\_ Class \_\_\_\_

Did you serve in the Armed Services?  YES  NO Is your discharge honorable?  YES  NO

Have you ever worked for the Brooks County Board of Commissioners?  YES  NO If yes, please give date(s) of employment \_\_\_\_\_ Position title \_\_\_\_\_  
Employing Division(s) \_\_\_\_\_

Have you ever been CONVICTED of ANY violation of the law, other than minor traffic offenses, or pleaded NOLO CONTENDERE to criminal charges, even if the adjudication was withheld?  YES  NO If yes, please give: Name of offense \_\_\_\_\_ Name and location of court \_\_\_\_\_ Date \_\_\_\_\_

NOTE: A conviction does not automatically mean you cannot be employed by the County.

Are you related to a county employee or is any member of your household employed by the Brooks County Board of Commissioners?  YES  NO If yes, please give the person(s):

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Employing Division(s) \_\_\_\_\_

**EDUCATION**

**HIGH SCHOOL:** \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

GRADUATE?  YES  NO DIPLOMA: \_\_\_\_\_

**COLLEGE:** \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

GRADUATE?  YES  NO DEGREE: \_\_\_\_\_

**OTHER:** \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DEGREE/CERTIFICATION: \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

May we contact your present employer regarding your record of employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Job 1) Present or most recent Job: From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Hours per Week \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_ Last Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Your Job Title \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Specific Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of employees supervised (if applicable) \_\_\_\_\_

(Job 2) Present or most recent Job: From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Hours per Week \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_ Last Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Your Job Title \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Specific Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of employees supervised (if applicable) \_\_\_\_\_

**NOTE: If you are attaching a Resume, no Specific Duties are required.**



(Job 3) Present or most recent Job: From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Hours per Week \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_ Last Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Your Job Title \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Specific Duties

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Number of employees supervised (if applicable) \_\_\_\_\_

(Job 4) Present or most recent Job: From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Hours per Week \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_ Last Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Your Job Title \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Specific Duties

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Number of employees supervised (if applicable) \_\_\_\_\_

**NOTE: If you are attaching a Resume, no Specific Duties are required.**

<b>REFERENCES</b> (PROFESSIONAL ONLY)
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FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
First Last

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
First Last

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
First Last

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

<b>BACKGROUND CHECK CONSENT</b>
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Are you willing to consent to a background screening and drug screening prior to employment?  YES  NO



**DISCLAIMER**

**REQUIRED EDUCATION AND BACKGROUND INFORMATION:** The position announcement contains a description of the experience and/or education required for the position. Applicants are responsible for clearly explaining prior work experience and/or providing all information which supports the application at the time the application is filed. To be creditable, any required accredited college or university education must be verifiable from a reliable source within the United States or its territories or possessions, and information identifying that source must be submitted with the application. Nothing can be added to the application once the announcement period has closed. NOTE: Materials submitted with applications become the property of the County and cannot be returned.

**STARTING PAY:** Starting pay is normally the minimum of the salary range.

**IF THIS CLASSIFICATION REQUIRES ABILITY TO DRIVE COUNTY VEHICLES** it means successful candidates must have a valid Georgia Driver's or CDL License and will be required to complete a request for authority to drive County vehicles at the time of appointment which must be approved. Such approval must be maintained throughout employment. Employment may be terminated if authority to drive cannot be issued or is revoked.

**IDENTIFICATION REQUIREMENTS:** In accordance with the immigration reform and control act of 1986 and the reporting requirements of the Internal Revenue Service, applicants must be prepared to present a valid paper Social Security Card and a governmentally issued photo I.D. at the time of selection interview. A valid photo I. D. may be obtained at any Georgia Driver Licensing Office.

**NOTE:** To be considered, applications must be received in Division of Human Resources no later than 5:00pm on the closing date indicated on the position announcement. Applications may be returned in person or by mail to the Brooks County Board of Commissioners, c/o Human Resources, 610 S. Highland Rd., Quitman, GA 31643.

**IMPORTANT:** Employment is subject to verification of an applicant's background and conviction record. Persons selected for employment must (1) present a valid social security card and (2) subsequent to an offer of employment, pass a medical examination by a County physician. The medical examination may include testing for current use of drugs and/or controlled substances. If traces of drugs or controlled substances are present in a candidate's blood or urine and have NOT been obtained and taken as directed by a valid prescription, the candidate will not be given further consideration under the present announcement for this classification. Additionally, Brooks County is required by federal law to verify having seen documents, which the applicant must provide as part of employment processing, that show the applicant's identity and right to work in the United States.

**APPLICATION MUST BE SIGNED.**

**APPLICANT:**

**PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW. UNSIGNED APPLICATIONS WILL BE VOIDED.** I hereby certify that each response on this application and all other information I have furnished in applying for employment with the Brooks County Board of Commissioners is true and correct. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification in an examination or to discharge at any time. Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide a sample of my blood or urine which may be tested for recent use of drugs and/or controlled substances. Further, I release Brooks County, its officers, agents, and employees from any liability whatsoever in connection with such a medical examination or the use of the test results therefrom.

**BROOKS COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER AND PROVIDER OF SERVICES**

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

