



# EFFINGHAM COUNTY BOARD OF COMMISSIONERS

## Employment Application

601 North Laurel Street  
Springfield, Georgia 31329

[hr@effinghamcounty.org](mailto:hr@effinghamcounty.org)

Telephone: 912-754-2104 Fax: 912-754-8402

*We are an equal opportunity/drug free workplace employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information, sexual orientation, transgender discrimination or any other category protected by applicable federal, state or local laws. Applicants with a known disability as defined under the Americans with Disabilities Act may request an accommodation in the recruitment or selection process but must request this accommodation no later than 48 hours prior to the need.*

**Read the job announcement carefully. Complete this application accurately and legibly. If the application is not signed, it will not be considered. False, incorrect, incomplete, misleading statements may disqualify you for employment with the Effingham County Board of Commissioners.**

<b>Exact title of the position for which you are applying.</b> <i>Applications will only be processed for current vacancy.</i>	Date
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NAME: \_\_\_\_\_  
(Last)
(First)
(Middle)

ADDRESS: \_\_\_\_\_  
(Street Address)
(City)
(State)
(Zip)

PRIMARY PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DRIVERS' LICENSE: STATE: \_\_\_\_\_ CLASS: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

**Current Valid Professional Registrations, Licenses or Certificates You Hold:**

Type of License or Registration	Issuing State	Registration Number	Expiration Date

Were you in the U.S. Military Service?    Yes <input type="checkbox"/> No <input type="checkbox"/> Give Branch of Service: _____ If yes, state type of separation: _____
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Within three (3) days of employment can you submit verification of your legal right to work in the U.S.?            Yes <input type="checkbox"/> No <input type="checkbox"/>
--

Do you have a High School Diploma or a General Education Development (GED) Certificate?            Yes <input type="checkbox"/> No <input type="checkbox"/>
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COLLEGE OR UNIVERSITY	DATES TO	DATES FROM	MAJOR	MINOR	DEGREE EARNED

  

TRADE OR TECHNICAL SCHOOL	DATES TO	DATES FROM	SUBJECT(S) STUDIED	CERTIFICATE OR COMPLETION EARNED?

Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes to the question above, please explain on a separate sheet of paper.</i>
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**RESUMES WILL NOT BE ACCEPTED AS A SUBSTITUTE FOR COMPLETING THIS SECTION**

**Instructions:** Be specific and complete. The information provided will be used to determine if you meet the minimum qualifications of the position to be filled as listed in the job announcement and/or job description.

Applicants are required to list all previous employment for the past 10 years or last 4 employers, whichever is less. Begin with the most recent experience. Applications will not be considered unless the complete and correct requested information and phone numbers for all employers and any schools attended are included on the application. **Explain any gaps between employments.** Failure to explain any gaps in employment will be justification for your disqualification from the selection process. Use additional sheets if necessary.

APPLICANTS WHO REQUIRE A SPECIAL ACCOMMODATION FOR TESTING ARE REQUIRED TO NOTIFY US 48 HOURS PRIOR TO SCHEDULED TESTING.

Name of Employer:				Type of Business:	
Address:				Telephone: Fax:	
Reason for Leaving:		May we contact now? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of Supervisor:	
Your job title:	Employed From:	Month: _____	Year: _____	Hours Per Week:	Last Salary
	To:	Month: _____	Year: _____		
Major duties and responsibilities:					
Name of Employer:				Type of Business:	
Address:				Telephone: Fax:	
Reason for Leaving:		May we contact now? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of Supervisor:	
Your job title:	Employed From:	Month: _____	Year: _____	Hours Per Week:	Last Salary
	To:	Month: _____	Year: _____		
Major duties and responsibilities:					
Name of Employer:				Type of Business:	
Address:				Telephone: Fax:	
Reason for Leaving:		May we contact now? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of Supervisor:	
Your job title:	Employed From:	Month: _____	Year: _____	Hours Per Week:	Last Salary
	To:	Month: _____	Year: _____		
Major duties and responsibilities:					

Your Name:				
Name of Employer:			Type of Business:	
Address:			Telephone: Fax:	
Reason for Leaving:		May we contact now? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Supervisor:	
Your job title:	Employed From: Month: _____ Year: _____ To: Month: _____ Year: _____		Hours Per Week:	Last Salary
Major duties and responsibilities:				
Name of Employer:			Type of Business:	
Address:			Telephone: Fax:	
Reason for Leaving:		May we contact now? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Supervisor:	
Your job title:	Employed From: Month: _____ Year: _____ To: Month: _____ Year: _____		Hours Per Week:	Last Salary
Major duties and responsibilities:				
Name of Employer:			Type of Business:	
Address:			Telephone: Fax:	
Reason for Leaving:		May we contact now? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Supervisor:	
Your job title:	Employed From: Month: _____ Year: _____ To: Month: _____ Year: _____		Hours Per Week:	Last Salary
Major duties and responsibilities:				

*Continued on the next page.*

Are you a former employee of the Effingham County Board of Commissioners?    Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If Yes:</b> Department: _____ Job Title: _____ From: _____ To: _____

Please list any relatives (by blood or marriage) and relationship that currently work for the Effingham County Board of Commissioners: Name: _____ Relationship: _____
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<b>References:</b> Name two (2) persons who have known you for at least two years. Do not list former supervisors listed above and do not list relatives. Please be sure the addresses and phone numbers are correct and current.	
1. Name: _____ Address: _____	Phone: _____ Occupation: _____
2. Name: _____ Address: _____	Phone: _____ Occupation: _____

I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY BE JUSTIFICATION FOR REFUSAL OF EMPLOYMENT, OR IF HIRED, TERMINATION OF EMPLOYMENT. ANY LATER DISCOVERED OMISSION OF FACTS FROM THE APPLICATION, NOT JUST MISREPRESENTATIONS, ARE GROUNDS FOR IMMEDIATE TERMINATION. I ALSO UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EFFINGHAM COUNTY BOARD OF COMMISSIONERS.

I UNDERSTAND THIS APPLICATION DOES NOT CREATE AN EMPLOYMENT CONTRACT, EITHER EXPRESSED OR IMPLIED, WITH THE EFFINGHAM COUNTY BOARD OF COMMISSIONERS. EMPLOYMENT AT THE EFFINGHAM COUNTY BOARD OF COMMISSIONERS IS ON AN "AT-WILL" BASIS AND IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OR METHOD OF PAYMENT OF WAGES OR SALARY, BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE. NO SUPERVISOR, MANAGER, OR OTHER PERSON, IRRESPECTIVE TO TITLE OR POSITION, HAS AUTHORITY TO ALTER THE AT-WILL STATUS OF YOUR EMPLOYMENT OR TO ENTER INTO ANY EMPLOYMENT CONTRACT FOR A DEFINITE PERIOD OF TIME WITH YOU.

I CERTIFY THAT THE STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE, COMPLETED AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please list any other name or names you may have used for employment purposes:

\_\_\_\_\_

\_\_\_\_\_

**REFERENCE WAIVER**

This release sets forth the entire agreement between Effingham County Board of Commissioners and me, and I acknowledge that I have not relied upon any representation or statement.

**TO EFFINGHAM COUNTY BOARD OF COMMISSIONERS:** I hereby grant permission for the Effingham County Board of Commissioners to make such investigations and/or inquiries of my personal, employment or financial and other related matters as may be necessary in arriving at an employment decision.

I understand and agree to release the Effingham County Board of Commissioners and its trustees, directors, officers, agents, employees, parents, subsidiaries, affiliated concerns, previous employers, schools, or any person or persons from any legal liability, claims, demands, damages, and causes of action of ever kind and nature arising out of, or resulting from or in connection with , submitting to the employment history verification and fingerprint-based criminal history check and any decision concerning employment made by the Effingham County Board of Commissioners, in whole or in part, based upon the results of such checks.

IN ACKNOWLEDGMENT OF THE ABOVE:

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Please Print:    *First Name*                      *Middle Initial*                      *Last Name*

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*Signature*

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*Date*

**DISCLOSURE TO EMPLOYMENT APPLICANT REGARDING PROCUREMENT OF CONSUMER REPORTS**

In connection with your application for employment, we may procure consumer reports on you as part of the process of considering your candidacy as an employee. In the event that information from the report(s) are utilized in whole or in part in making an adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the *Federal Fair Credit Reporting Act*.

The *Fair Credit Reporting Act* gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for employment.

***Please print the information below:***

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

***Please sign below:***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

\* You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance or employment – must tell you, and give you the name, address and phone number of the CRA that provided the consumer report.

\* You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

\* You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the date – of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

\* Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

\* You can dispute inaccurate items with the source of the information. If you tell anyone – such as a creditor who reports the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

\* Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

\* Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.

\* Your consent is required for reports that are provided to employers or reports that contain medical information. A CRA may not give out information about you to your employer or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

\* You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

\* You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA. For Questions or Concerns regarding:

CRA's, creditors and others not listed below

Federal Trade Commission  
Consumer Response Center– FCRA  
Washington, DC 20580  
202-326-3761

National banks, federal branches/agencies  
Of foreign banks (word “National” or  
Initials “N.A.” appear in or after bank’s  
Name)

Office of the Controller of the Currency/Compliance Management  
Mail Stop 6-6  
Washington, DC 20219  
800-613-6743

Federal Reserve System member banks  
(Except national banks, and federal  
branches/agencies of foreign banks)

Federal Reserve Board  
Consumer and Community Affairs  
Washington, DC 20551  
202-452-3693

Savings associations and federally  
Chartered savings banks (words “Federal”  
Or initials “F.S.B.” appear in federal  
Institution’s name)

Office of Thrift Supervision  
Consumer Programs  
Washington, DC 20552  
800-842-6929

Federal credit unions (words “Federal  
Union” appear in institution’s  
Name)

National Credit Union Administration Credit  
1775 Duke Street  
Alexandria, VA 22134  
703-518-6360

State-chartered banks that are not  
the Federal Reserve System

Federal Deposit Insurance Corporation Members of  
Division of Compliance & Consumer Affairs  
Washington, DC 20429  
800-934-FDIC

Air, surface or rail common carriers  
Regulated by former Civil Aeronautics  
or Interstate Commerce Commission

Department of Transportation  
Office of Financial Management Board  
Washington, DC 20590  
202-366-1306

Activities subject to the Packers and  
Stockyards Act, 1921

Department of Agriculture  
Office of Deputy Administrator – GIPSA  
Washington, DC 20250  
202-720-7051



## EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The Effingham County Board of Commissioners is required to collect and maintain the information requested below consistent with Federal Equal Employment Opportunity laws. Your voluntary responses are treated in a highly confidential manner. This information is maintained separately from your application and will not be considered in the application evaluation process.

**JOB APPLYING FOR:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**SEX:** MALE  FEMALE

**RACE:** *Check Only One:*

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.
- White** (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American** (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian** (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines Islands, Thailand or Vietnam.
- American Indian or Alaska Native** (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South American (including central American) and who maintain tribal affiliation or community attachment.
- Two or More Races** (Not Hispanic or Latino) – All persons who identify with more than one of the above races.

## EMPLOYMENT SCREENING PROGRAM

The Effingham County Board of Commissioners requires each applicant to provide at least a ten (10) year history or the last 4 employers, whichever is less. The Effingham County Board of Commissioners will conduct an employment verification check utilizing the submitted information. Failure to explain any gaps in employment will be reason for your disqualification from the selection process.

List employment history (including military service and applicable volunteer experience) for the last ten (10) years or last 4 employers, whichever is less. Begin with your most recent experience.

List all experiences, regardless of date, which demonstrates that you meet the minimum requirements for the position for which you are applying.

I understand that, as a condition of employment with the Effingham County Board of Commissioners, I may be required to submit to a fingerprint based criminal history check.

I understand that at the time of employment and as a condition of employment, two valid forms of identification must be presented to the Effingham County Board of Commissioners, one of which must be a photo I.D.

I further understand and agree to release the Effingham County Board of Commissioners and its trustees, directors, officer, agents, employees, parents, subsidiaries, affiliated concerns, previous employers, schools, or any person or persons from any legal liability, claims, demand, damages and cause of action of every kind and nature arising out of, or resulting from or in connection with, submitting to the employment history verification and fingerprint based criminal history check and any decision concerning employment made by the Effingham County Board of Commissioners, in whole or in part, based upon the results of such checks.

I have read and understand the above information. I further understand that if this sheet is not signed and returned with the application, my application will be disqualified from further consideration.

**ANY APPLICANT WHO IS UNWILLING TO AGREE TO THESE  
CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT WITH THE  
EFFINGHAM COUNTY BOARD OF COMMISSIONERS**

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APPLICANT'S NAME (PLEASE PRINT)

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APPLICANT'S SIGNATURE

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DATE

# INVESTIGATION AUTHORIZATION (RELEASE) & BACKGROUND SCREENING ORDER FORM

Under the applicable provisions of the federal Fair Credit Reporting Act (FCRA), notice is hereby given that a consumer report or investigative consumer report may be requested and completed, which may include information pertaining to your employment history, educational accomplishments, criminal record, driving record, credit history (only when permitted by law and where it is related to the duties and responsibilities of the position sought), character, general reputation, and personal characteristics. This report may also include information pertaining to a commercial driver's license and commercial driving work history which, under provisions of the United States Department of Transportation, can include inquiries into drug and alcohol testing and as referenced in FMCSRs Parts 382.413 and 391.23. An investigation into your workers' compensation and/or industrial accident background may also be conducted according to the provisions of the Americans with Disabilities Act (ADA) and other federal, state, and local laws, and can be requested only after a conditional job offer has been made. This entire report will be used for employment purposes only, and will be processed by LABORCHEX Companies, an employment background screening service, located at 2506 Lakeland Drive #200, Jackson, MS 39232, 800-880-0366 (www.laborchex.com). LABORCHEX conducts business according to all applicable federal and state laws. LABORCHEX agrees to use its best and most precise efforts to furnish its clients (a "client" is defined as a business, company, or organization which contracts with LABORCHEX to provide employment background screening services to them) with accurate, current, complete, and reliable information based on such information as it is reasonably available and obtained via applicable public records sources and/or information services utilized by LABORCHEX. Sources also include contact by phone, FAX, U.S. Mail, and electronic mail of an applicant's previous employers, education officials, government agencies, and other individuals/entities who can provide accurate verification and confirmation of the applicant's background.

**PRIVACY NOTE:** LABORCHEX does not distribute details of employment applications or results to anyone other than the client that requested the background investigation. Information provided by applicants is held by LABORCHEX in strict confidence according to all federal laws.

You are further advised that LABORCHEX does not counsel its clients regarding their hiring policies and procedures. LABORCHEX will not have any knowledge as to why you have been offered a position or the reasons why you were denied employment. Under the provisions of the FCRA, you have the right to dispute information provided in a report and, after providing proper identification, you can request a copy of such report(s) from LABORCHEX, including details about the sources of information. Such information will be provided to you at no cost. The company, business, or organization at which you applied for a job must also provide a copy of the report to you, if you request it from them.

**I, the undersigned, have read and fully understand the above notice. I hereby authorize LABORCHEX to investigate my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, personal characteristics, and information pertaining to a commercial driver's license and commercial driving work history, including inquiries into drug and alcohol testing and use, as well as workers' compensation information (as according to federal guidelines stated above). I authorize LABORCHEX to verify the facts stated by me on the attached/forwarded application and/or resume. I understand that this release will be valid for my entire period of employment.**

**Note: I understand that if I am a resident of CA, MA, ME, MN, NJ, NY, OK, and WA I can obtain a copy of the completed consumer report from LABORCHEX by checking this box { }, which will also include a document called "A Summary of Your Rights Under the Fair Credit Reporting Act (FCRA)." Please be sure to provide your full mailing address below.**

Print Name: \_\_\_\_\_  
Last First Middle Initial Maiden Name  
Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(DOB and SSN used only for identification purposes to ensure accuracy of reports)  
Driver's License Number #: \_\_\_\_\_ State: \_\_\_\_\_

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

## BELOW IS FOR COMPANY USE ONLY

Company Name: Effingham County Board of Commissioners Date: \_\_\_\_\_  
Applicant Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

### CHECK SCREENINGS REQUIRED FOR THIS APPLICANT

\_\_\_\_ Previous Employment Verification  
\_\_\_\_ D.O.T. \_\_\_\_ (Special Screening for Commercial Drivers)  
\_\_\_\_ Education Verification  
\_\_\_\_ Professional/Personal References  
\_\_\_\_ Professional License & Credential Check  
\_\_\_\_ Official Education Transcripts  
 CRIMINAL RECORD CHECKS (list jurisdictions below)  
\_\_\_\_ CrimeChexPLUS Multi-State Criminal Index Check  
List Criminal Record Jurisdictions To Be Checked: \_\_\_\_\_  
\_\_\_\_ Nationwide Federal Violations Criminal Record Check

Driving Record Check  
\_\_\_\_ Workers' Compensation\*  
\_\_\_\_ Employment Credit Report\*  
 National Address Search & Social Security # Validation

**NOTE: If you are not using the website to place orders, please include the completed job application (along with a copy of the this signed release) in your FAX or Email to LABORCHEX.**  
**\*When permitted by state law.**

Signature of Official Authorizing Investigation: \_\_\_\_\_

## **PRE-PLACEMENT AND RANDOM DRUG TESTING**

The Effingham County Board of Commissioners has a vital interest in maintaining safe, healthful and efficient working conditions for its' customers, clients, and employees. Using or being under the influence of drugs and/or alcohol on the job may pose serious safety and health risks not only for the user, but also to the public and to all those who work with the user. The possession, use or sale of an illegal drug or controlled substance may also pose unacceptable risks to safe, healthful and efficient operations.

To meet this compelling interest, individuals who wish to be considered for employment must agree to the Pre-Placement Drug Testing as a condition of employment and provided for in the Effingham County Board of Commissioners' Drug and Alcohol policy.

I understand and agree to submit to drug and alcohol testing during the course of employment as provided for in the Effingham County Board of Commissioners Drug and Alcohol Policy.

I further understand and agree to release the Effingham County Board of Commissioners and its trustees, director, officers, agents, employees, parents, subsidiaries, affiliated concerns, previous employers, schools, or any person or persons from any legal liability, claims, demands, damages, and causes of action of every kind and nature arising out of, or resulting from or in connection with, submitting to drug and alcohol testing and any decision concerning employment made by the Effingham County Board of Commissioners, in whole or in part, based upon the results of drug and alcohol testing.

I have read and understand the above information. I further understand that if this sheet is not signed and returned with the application, my application will be disqualified from further consideration.

**ANY APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS  
SHOULD NOT APPLY FOR EMPLOYMENT WITH THE  
EFFINGHAM COUNTY BOARD OF COMMISSIONERS**

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Applicant's Name (Please Print)

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Applicant's Signature

---

Date

**MOTOR VEHICLE RECORD  
AUTHORIZATION FORM**

Print Name: \_\_\_\_\_

SSN Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

It is the policy of Effingham County and a requirement of employment that every employee filling a position that requires a valid driver's license have a motor vehicle record (MVR) specified grading requirements. This MVR policy applies both to drivers of County-owned vehicles and employees using personal vehicles in the course of their employment as well.

Employee MVR's will be examined prior to the date of employment and every 3 years thereafter. Any job offer made where the job requires a valid driver's license will be contingent upon a MVR meeting the required standards. Continued employment with the County in a position requiring a valid driver's license will require an MVR meeting the specified standards.

All violations will be reviewed by the County Manager and Human Resources Director and may result in disciplinary action, up to and including termination, depending on the severity of the violation.

I have read, understand and agree to abide by the above policy.

\_\_\_\_\_  
Applicant's Name (Please Print)

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

\_\_\_\_\_  
Date

ONLY FOR EMPLOYEES REQUIRING FINGERPRINTING FOR THEIR POSITION WITH THE COUNTY

**NAME BASED CRIMINAL HISTORY RECORD INFORMATION CONSENT/INQUIRY FORM**

I hereby authorize **EFFINGHAM COUNTY BOARD OF COMMISSIONERS AND/OR THEIR AGENTS** to conduct an inquiry for the purpose(s) listed below and receive any Georgia and/or national criminal history record information as authorized by State and Federal Law.

<b>Full Name:</b> <i>Please Print</i>			
<b>Address:</b>			
<b>Gender</b>	<b>Race</b>	<b>Date of Birth</b>	<b>Social Security Number</b>

This authorization is valid for \_\_\_\_\_ days from the 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 all that apply)*

<input type="checkbox"/>	E – Employment
<input type="checkbox"/>	<b>J – Civilian Criminal Justice Employment (State &amp; III Info Received)</b>
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N – Working with Elderly
<input type="checkbox"/>	P – Public Records
<input type="checkbox"/>	U – Personal Copy
<input type="checkbox"/>	W – Working with Children
<input type="checkbox"/>	<b>Z – Sworn Criminal Justice Employment (State &amp; III Info Received)</b>

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 \_\_\_\_\_  
Date