



EFFINGHAM COUNTY BOARD OF COMMISSIONERS

Employment Application

804 South Laurel Street
Springfield, Georgia 31329

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.

Exact title of the position for which you are applying. *Applications will only be processed for current vacancy.*

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 No Give Branch of Service: _____
If yes, state type of separation: _____

Within three (3) days of employment can you submit verification of your legal right to work in the U.S.? Yes No

Do you have a High School Diploma or a General Education Development (GED) Certificate? Yes No

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? Yes No
If yes to the question above, please explain on a separate sheet of paper.

ARE YOU A FORMER EMPLOYEE OF THE EFFINGHAM COUNTY BOARD OF COMMISSIONERS?

If Yes:

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: _____

References: Name two (2) persons who have known you for at least two years. **Do not list former supervisors 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:

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

Signature

Date

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.

Only For Candidates Applying for Positions at the E911 Emergency Call Center

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.

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

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"/>	J – Civilian Criminal Justice Employment (State & III Info Received)
<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"/>	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

Date