

APPLICATION FOR EMPLOYMENT



Jackson County Government
67 Athens St.
Jefferson, GA 30549

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

NOTE: Applications and resumes are accepted for open positions only. Only candidates being considered for the position will be contacted.

PLEASE PRINT

Position (s) Applied For	Date of Application
--------------------------	---------------------

How Did You Hear About Us?

- Advertisement Inquiry Relative: _____
 Web site Friend: _____ Other: _____

Last Name	First Name	Middle Name
-----------	------------	-------------

Address	City	State	Zip Code
---------	------	-------	----------

Telephone Number (s) (Home) _____ (Cell) _____

Best time to contact you: ____:____ A.M. P.M. Best phone number to reach you: (____) ____-____

Have you filed an application with us before? Yes No If Yes, give date and position _____

Have you ever been employed with us before? Yes No If Yes, give date and position _____

Do any of your friends or relatives work here? Yes No If yes, state name(s): _____

Can you travel if a job requires it? Yes No

Are you currently employed? Yes No If yes, may we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
 Yes No *Proof of citizenship or immigration status will be required upon employment*

If you are under 18 years of age, can you provide required proof of eligibility to work? Yes No N/A

Date available for work ____/____/____ What is your desired salary range? _____

Please state work availability: Full-Time Part-Time Temporary

If Part-Time, please indicate shift availability: Mornings Afternoon Evenings

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Summarize special job-related skills and qualifications acquired from employment or other experience

SPECIALIZED SKILLS (CHECK SKILLS / EQUIPMENT OPERATED)

<input type="checkbox"/> PC	<input type="checkbox"/> Microsoft Excel	Production / Mobile Machinery (list)	Other (list)
<input type="checkbox"/> Microsoft Outlook	<input type="checkbox"/> Microsoft Publisher		
<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> 10-key		
<input type="checkbox"/> Microsoft Access	Typing speed _____ WPM		

List professional, trade, business or civic activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

If you need additional space, please continue on a separate sheet of paper.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	Employer	Dates Employed	From	To	Work Performed
	Address				
	Telephone Number (s)				
	Job Title	Hourly Rate/Salary			
	Supervisor	Starting	Final		
	Reason for Leaving				
2	Employer	Dates Employed	From	To	Work Performed
	Address				
	Telephone Number (s)				
	Job Title	Hourly Rate/Salary			
	Supervisor	Starting	Final		
	Reason for Leaving				
3	Employer	Dates Employed	From	To	Work Performed
	Address				
	Telephone Number (s)				
	Job Title	Hourly Rate/Salary			
	Supervisor	Starting	Final		
	Reason for Leaving				
4	Employer	Dates Employed	From	To	Work Performed
	Address				
	Telephone Number (s)				
	Job Title	Hourly Rate/Salary			
	Supervisor	Starting	Final		
	Reason for Leaving				

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? _____ Yes _____ No



Jackson County Sheriff's Office

P.O. Box 98
555 Stan Evans Drive
Jefferson, GA 30549

706-387-8718

Janis G. Mangum
Sheriff, Jackson County

BACKGROUND CHECK AUTHORIZATION

I, _____, hereby authorize Jackson County and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for that purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment.

I release Jackson County and/or its agents and any person or entity, which provides information pursuant to that authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

_____		_____	
Last name	First name	Middle name	Maiden name
_____		_____	
Sex	Race	Street Address	
_____		_____	
Are you Hispanic or Latino?		City, State, Zip Code	
_____		_____	
Yes	No	Date of Birth	Social Security No.
_____		_____	_____
		Driver's License No.	Expiration Date
		_____	_____

******DO NOT SIGN BELOW UNLESS IN THE PRESENCE OF A NOTARY******

Signature

Date

Notary Public

Date