



**APPLICATION FOR EMPLOYMENT
MILLER COUNTY GOVERNMENT**

Miller County Board of Commissioners
304 W. Pine Street | Colquitt, Ga. 39837
Phone: (229) 758-4104 Fax: (229) 758-2229

INTERNAL USE ONLY

Q _____

NQ _____

POSITION OR JOB TITLE APPLIED FOR:

All information provided on this application **MUST BE COMPLETE** so that all applications can be given equitable consideration. All qualified applicants will receive consideration for employment regardless of race, color, religion, sex, age, national origin or disability. Miller County will hire only authorized workers, regardless of national origin. This application must be typed or printed. Please complete one application for each position for which you are applying. **YOU MUST SIGN AND DATE YOUR APPLICATION IN INK. RESUMES ARE NOT ACCEPTED IN LIEU OF A COMPLETED APPLICATION.**

INCOMPLETE APPLICATIONS MAY BE REJECTED

Personal Date **Date:** _____

Social Security # _____ Salary Requirement: _____

Last Name First Middle Other name(s) under which you have been employed

Address: Street Apt# City State Zip Code

E-Mail Address: _____

Telephone: _____
 Home Phone# Work Phone # Cell Phone #

How did you hear of this opening? _____ Date available to begin: _____

WILL YOU ACCEPT: Temporary Work? Part-Time Work? Shift Work? Weekend/Holiday? (Check all that apply)

Are you over 18 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

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

Have you ever worked for us before? YES NO If yes, when and where? _____

Give name, relationship and department of any relatives who are employed by the Miller County Government.

Do you use tobacco products? YES NO If yes, explain: _____

DRIVERS HISTORY INFORMATION

Do you have a valid Drivers License? YES NO

License #: _____ Class: _____ State: _____

Have you received any traffic violations in the past 3 years? YES NO If yes, list the type offense and dates:

CRIMINAL HISTORY INFORMATION

Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a misdemeanor? (for example: DUI, Bad checks, etc.) YES NO (Omit non-moving traffic violations/parking tickets and any offensive which was finally adjudicated in a Juvenile Court or under a Youth Offender Law.) If yes, describe the circumstances: (Date, Place, Charges, Disposition).

Use additional sheets if necessary

Have you (since the age of 18) ever been convicted of or plead guilty to no contest to a felony? YES NO

NOTE: An applicant convicted of a criminal offense involving the manufacture, distribution, trafficking, or sale of a controlled substance, dangerous drugs or marijuana, or convicted of any felony are **NOT** eligible for employment with the Miller County Government. Such applicants will be automatically rejected. Misdemeanor convictions will be considered on a case-by-case basis. An applicant who has been convicted of any felony or misdemeanor and has received a pardon from the appropriate State Pardons Parole Board shall be reviewed on a case-by-case basis for eligibility for employment with Miller County Government.

Have you ever been suspended, demoted, dismissed or asked to resign from any job? YES NO If so, explain in detail:

“ We are an Equal Opportunity Employer ”

EDUCATION INFORMATION

HIGH SCHOOL

Name: _____ Address: _____
 (name of the high school or state authority issuing the diploma or certificate)

Circle the highest grade completed 7 8 9 10 11 12 Graduated? YES NO

If not a high school graduate, do you have a GED? YES NO

COLLEGE/UNIVERSITIES

Please complete the following section for post-secondary education.

Name of School	City	State	If No		Degree, Earned	Major	Type of Degree	Degree Earned YES/ NO
			Hours	Quarter				

Describe any specialized training, qualifications, apprenticeships, skills, and extra-curricular activities which relate to the job for which you are applying. Include office equipment, computer skills, foreign language skills, typing skills, and business equipment or machine operating skills which may relate to the position for which you are applying. **Use additional sheets if necessary.**

REFERENCES – Give names, Addresses, and telephone numbers of three (3) references that **ARE NOT** related to you and **ARE NOT** previous employers.

1. _____
 Name Phone # _____

Address Apt# _____ City _____ State _____ Zip Code _____

2. _____
 Name Phone # _____

Address Apt# _____ City _____ State _____ Zip Code _____

3. _____
 Name Phone # _____

Address Apt# _____ City _____ State _____ Zip Code _____

WORK HISTORY

Describe your work history **beginning with your current or most recent job**. Include military and volunteer experience and periods of unemployment. Failure to give complete information regarding each job held **MAY** result in your disqualification. Complete address with zip codes and telephone numbers for all employers are necessary. A resume may be attached only as additional information and will not be accepted in lieu of completing this section. Use additional sheets if necessary.



Name of Organization or Firm: _____ Phone #: _____

_____ Dates Employed: _____
Address City State Zip Code From Mo/Yr To Mo/Yr

Name of Supervisor: _____ Starting Pay: _____ Ending Pay: _____

Job Title: _____

Job Duties: _____

Reason for leaving: _____



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Name of Organization or Firm: _____ Phone #: _____

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Address _____ City _____ State _____ Zip Code _____ Dates Employed: _____ From Mo/Yr _____ To Mo/Yr _____

Name of Supervisor: _____ Starting Pay: _____ Ending Pay: _____

Job Title: _____

Job Duties: _____

Reason for leaving: _____



Please use this space for additional information pertinent to your education, training and experience:

Authorization to Release Information

Conditions of Employment

I have applied for employment with the Miller County Board of Commissioners. 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, whether or not it is in their records, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage whatsoever for issuing same.

Furthermore, if I am employed by the Miller County Board of Commissioners, I agree to conform to the policies, rules, orders, and regulations of the government set forth in the Miller County Board of Commissioners Personnel System, 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.

I further acknowledge that if I become employed with Miller County Board of Commissioners, my employment will be at-will and may be terminated with or without cause at any time by me or the employer.

If required by Miller County Government for the position which I am applying, I consent to undergo a physical examination and/or psychological examination after I have a conditional offer of employment, as deemed necessary.

THIS APPLICATION WILL REMAIN ACTIVE **FOR NINETY (90) DAYS ONLY** UNLESS
RENEWED PERSONALLY BY ME IN WRITING

Before an applicant can be employed with the Miller County Board of Commissioners they must successfully pass a drug test and background check. Should you become an employee with the Miller County Board of Commissioners, your position will require random drug testing.

May we contact your present employer? YES NO Presently not employed

You must sign the " Authorization to Release Information" form to enable us to contact prior employers, even though we may not contact your present employer.

Signature

Date



AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD

I understand that driving a Miller County vehicle (or my own vehicle, as required) is a requirement of the position I am being considered for and that having and maintaining a satisfactory driving record is a condition of my employment. I hereby authorize the Miller County Board of Commissioners, within twelve (12) months of this date, to obtain any information in my files pertaining to my driving record for the time period indicated below.

This release is executed with my full knowledge and understanding that the information is for official use of the Miller County Board of Commissioners for purposes of employment or underwriting of insurance and will not be for any other purpose.

Consent is granted for the Miller County Board of Commissioners to furnish such information as described above to third parties in the course of fulfilling its official responsibilities.

COMPLETE ONLY IF VALID DRIVER'S LICENSE IS REQUIRED FOR THE POSITION YOU ARE APPLYING FOR

FULL Name: _____ Sex: _____
(Print)

Date of Birth: _____ Driver's License #: _____ State Where Issued: _____

Drives License Expiration Date: _____ Request: 3 Year _____ 5 Year _____

Signature: _____ Date: _____

Sworn to and Subscribed Before Me

This _____ Day of _____, 20_____

Notary Public: _____

Notary Expiration: _____

PUBLIC BENEFIT APPLICATION

By executing this affidavit under oath, as an applicant for (please check applicable statement):

- _____ Employment with Miller County
- _____ Business/Occupation license certificate
- _____ Contract for services¹
- _____ Miscellaneous license (please specify) _____

Or other public benefit as referenced in O.C.G.A. section §50-36-1, I am stating the following with respect to my application for the above:

1. _____ I am a United States citizen
2. _____ I am a legal permanent resident, 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 years of age or older and lawfully present in the United States².

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Date

Printed Name

Alien Registration Number for Non- Citizens

Sworn to and subscribed before me this
_____ day of _____, 20_____

[SEAL]

Notary Public, State of Georgia

My Commission Expires

¹The undersigned Contractor further agrees that, should in employ or contract with any subcontractor(s) in connection with the physical performance of services Pursuant to its Contract with Miller County of which this Affidavit is a part, the undersigned Contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A §13-10-91 and Georgia Department of Labor rule 300-10-1-02 (and, for a contract or agreement relating to public transportation, verification of compliance with the GDOT rules) through the subcontractor's execution of the subcontractor affidavit required by Georgia Department of Labor rule 300-10-1-08 or a substantially similar subcontractor affidavit (and for a contract or agreement relating to public transportation, required by the GDOT rules). The undersigned contractor further agrees to maintain records of such compliance and provide a copy of each such verification to Miller County at the time the subcontractor(s) is retained to perform such service.

²O.C.G.A §50-36-1€ (2) requires that aliens under the Federal Immigration and Nationality Act, Title 8, U.S.C as amended, proved their alien registration number. Because legal permanent residents are included in the federal definition of "alien" legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supple another identifying number below.

Number and Description

EQUAL OPPORTUNITY EMPLOYER

The following information is requested on a voluntary basis and will not be filed with your application. It is the policy of the Miller County Board of Commissioners to ensure equal opportunity in employment and promotion. This policy will be administered without regard to race, religion, color, national origin, marital or veteran status, sex, age or disability.

Failure to complete this form will not affect your application for a position.

Your cooperation is appreciated. If you prefer to not reply, you may leave this sheet blank.

If you have any questions, please contact the Human Resources Department at 229-758-4104.



Position applied for: _____

Male: _____

Female: _____

Date of Birth: _____

which ethnic group do you most identify with?

1. _____ Black – Not of Hispanic origins
2. _____ Caucasian – Includes origins in Europe, North Africa, Middle East – Not Hispanic or East Indian
3. _____ Hispanic – Includes origins of Mexican, Puerto Rican, Central American, South American or other
4. _____ American Indian/Alaskan Native
5. _____ Asian/Pacific Islander
6. _____ Multiracial