

**HART COUNTY  
EMPLOYMENT APPLICATION  
DRUG FREE WORKPLACE**

**Date:** \_\_\_\_\_  
Please print and use ink

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**I. Personal Information**

Last name	First	Middle Initial	
Present Address	City	State	Zip Code
Home/Cell Phone		Work Phone	
Person we may contact if you are unavailable		Phone Number	

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**II. Position**

Position Applied For: \_\_\_\_\_

Date Available For Employment: \_\_\_\_\_

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**III. Education**

High School: \_\_\_\_\_10 \_\_\_\_\_11 \_\_\_\_\_12 \_\_\_\_\_GED

Business/Tech School: \_\_\_\_\_1 \_\_\_\_\_2 \_\_\_\_\_3 \_\_\_\_\_4 Course of Study \_\_\_\_\_

College: \_\_\_\_\_1 \_\_\_\_\_2 \_\_\_\_\_3 \_\_\_\_\_4 Course of Study \_\_\_\_\_

Graduate School: \_\_\_\_\_1 \_\_\_\_\_2 \_\_\_\_\_3 \_\_\_\_\_4 Course of Study \_\_\_\_\_

I hereby authorize the above school(s) to release information regarding my education. I hereby release the County and said school(s) from liability for any damages in connection with the disclosure of the information. A copy of this authorization shall be deemed an original.

**IV. General Information**

Have you filed an application with the county within the past 90 days?  Yes  No

Note: applications are held in our files for no longer than 90 days. You must reapply after that time.

Have you ever been employed with the County?  Yes  No

When? \_\_\_\_\_ Position \_\_\_\_\_

Are you related to anyone currently employed by the County?  Yes  No

If yes, Relative's Name \_\_\_\_\_

If you are not a citizen of the United States, can you submit legal verification of your right to work in the United States?  Yes  No

In accordance with the Immigration Reform and Control Act of 1986, proof of authorization to be employed in the United States will be required of all employees. Failure to establish such proof will prohibit or discontinue your employment.

Have you ever been convicted of a felony?  Yes  No

If yes, give dates and type of offense(s): \_\_\_\_\_

Have you served in the military?  Yes  No

If yes, when? \_\_\_\_\_

Serial # \_\_\_\_\_

Branch of Service \_\_\_\_\_

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**V. Employment Record**

List most recent position first

Employer: \_\_\_\_\_

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

From: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor's name and phone number: \_\_\_\_\_

Starting wage/salary: \_\_\_\_\_ Ending wage/salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

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

From: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor's name and phone number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

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

From: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor's name and phone number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

I hereby authorize the above-named employers to release information regarding my employment. I hereby release the County and said employers from liability for and damages in connection with the disclosure of the information. A copy of this authorization shall be deemed an original.

The County may contact my present and previous employers(s)  Yes  No

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Unemployment Record

Account for all periods of unemployment of 4 or more weeks duration for the last 5 years or since you left school.

From: \_\_\_\_\_ to \_\_\_\_\_

State what you were doing during that time: \_\_\_\_\_

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**VII. Driving Record**

To be completed by applicants for County positions that requires driving a Hart County vehicle.

Do you have a valid driver's license?  Yes  No

Driver's license # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you had any traffic violations within the past 3 years?  Yes  No

If yes, give dates and types of violation(s) \_\_\_\_\_

I hereby direct the Department of Public Safety of Georgia, or any other authorized agency to whom this authorization may be presented, to release to the County Personnel Officer an abstract of my driving record for the past 3 years to be reviewed by the Personnel Officer and County Administrator in processing my employment application and determining my suitability for hiring.

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Please provide any other information relevant to your qualifications for the position applied for which you feel would increase your value as an employee:

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I understand that a physical examination, including a drug test, will be required if I am employed by the County, and that my employment is contingent upon the results of the examination.

I certify that all the information in the application is complete and true to the best of my knowledge. I understand that false information or significant omissions may disqualify me from further consideration for employment and may be considered justification for termination if discovered at a later date.

Should I be employed by the County, I agree to conform to the County's policies and procedures, and agree that as an at-will employee, my employment and compensation can be terminated at any time for any or no reason, with or without notice, at the option of either the County or myself.

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Date

Applicant's signature

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**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 reasonable accommodation?    \_\_\_\_ YES \_\_\_\_ NO

CRIMINAL HISTORY CONSENT FORM

The undersigned hereby authorizes the Hart County Sheriffs Department to inquire and receive any criminal history record pertaining to me which may be in the files of any state or local criminal justice agency, and finish said record to the Hart County Board of Commissioners.

\_\_\_\_\_  
Full Name printed

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Race

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary Public

My commission expires:\_\_\_\_\_

Date Notarized:\_\_\_\_\_

- There is NO criminal history record found on this subject
- The criminal history record on this subject is attached

\_\_\_\_\_  
Hart County Sheriffs Department