

HART COUNTY
EMPLOYMENT APPLICATION

Date: _____
Please print and use ink

1. Personal Information

Last Name First Middle initial Social Security number

Present address City State Zip code

Home phone Work phone Drivers license number

Person we may contact if you are unavailable Phone number

11. **Position**

Position applied for _____

Date available for employment _____

III. **Education**

Elementary-High School: 1 2 3 4 5 6 7 8 9 10 11 12GED

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: _____

V. **Employment Record**

List most recent position first,

Employer: _____

Address: _____

From: _____ to _____ Position: _____

Supervisor's name and phone number: _____

Starting wage/salary: _____ Ending salary/wage _____

Reason for leaving: _____

Employer: _____

Address: _____

From: _____ to _____ Position: _____

Supervisor's name and phone number: _____

Starting wage/salary: _____ Ending salary/wage: _____

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 any 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 employer(s) Yes No

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: _____

VII. Driving Record

To be completed by applicants for County positions that require 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.

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

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.

Date

Applicant's signature

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 #

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 Sheriff Department

Affidavit Verifying Status for County Public Benefit Application

By executing this affidavit under oath, as an applicant for a Hart, County Georgia Business Occupation Tax Certificate, Alcohol License, Taxi Permit 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 a Hart County Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for _____.
[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1) _____ I am a United States citizen

OR

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 States.*

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: _____

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20__

* _____
Alien Registration number for non-citizens

Notary Public
My Commission Expires:

***Note:** O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide 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 supply another identifying number below:
