

COFFEE COUNTY COMMISSIONERS

Douglas, GA

PRE- EMPLOYMENT APPLICATION

1. Date _____
2. Name: _____
(Last) (First) (Middle)
3. Address: _____
City _____ State _____ Zip _____
Phone (_____) _____ Cell Phone (_____) _____
4. POSITION APPLIED FOR: _____
5. Are you PRESENTLY an Employee of the County of Coffee? ___ Yes ___ No
6. Have you EVER been employed by the County of Coffee? ___ Yes ___ No
If YES, in _____ Department,
From, _____ To _____
7. Are you available for work (check all that apply) ___ Full-time ___ Part-time
8. Did you graduate from High School? ___ Yes ___ No
If NO, do you have a G.E.D. certificate? ___ Yes ___ No
9. Secondary Education- Colleges and Schools after high school.

| Name of College or School | Yrs. Attended | Graduate | Major |
|---------------------------|---------------|----------|-------|
| _____ | _____ | __Y N__ | _____ |
| _____ | _____ | __Y N__ | _____ |
| _____ | _____ | __Y N__ | _____ |

10. Military Service: From _____ To: _____

11. Have you ever been convicted of a felony? ___ Yes ___ No
If yes, furnish details as to the date, places, nature of offense and penalties:

12. Do you have current and valid driver's license? Yes No Class _____
 Commercial License? Yes No

13. Special Skills:
 Typewriting/ Keyboard _____ wpm
 Multi-lingual (Languages: _____)
 Other _____

14. May we contact your present employer? Yes No
 (Be advised if you become a finalist for the position, we *must* contact your employer.)

15. Experience

| | | | |
|----------------------------|--------------------------|---|--|
| From ____/____ Mo/Yr | To ____/____ Mo/Yr | Your Job Title: _____ Last Salary: _____ Your Duties: _____ _____ _____ | Employer's Name: _____ Address: _____ Phone No: _____ Reason for Leaving: _____ |
| From ____/____ Mo/Yr | To ____/____ Mo/Yr | Your Job Title: _____ Last Salary: _____ Your Duties: _____ _____ _____ | Employer's Name: _____ Address: _____ Phone No: _____ Reason for Leaving: _____ |
| From ____/____ Mo/Yr | To ____/____ Mo/Yr | Your Job Title: _____ Last Salary: _____ Your Duties: _____ _____ _____ | Employer's Name: _____ Address: _____ Phone No: _____ Reason for Leaving: _____ |
| From ____/____ Mo/Yr | To ____/____ Mo/Yr | Your Job Title: _____ Last Salary: _____ Your Duties: _____ _____ _____ | Employer's Name: _____ Address: _____ Phone No: _____ Reason for Leaving: _____ |

16. Personal References: List three references, preferably include an employer and a character reference which we have your permission to contact.

A. _____
 Name Address Phone

B. _____
 Name Address Phone

C. _____
 Name Address Phone

PLEASE FILL OUT COMPLETELY. INFORMATION USED TO CONDUCT A COMPLETE CRIMINAL AND DRIVER'S HISTORY FROM GCIC/NCIC.

PRINT Full Name D.O.B. _____

S. S. # _____ Driver's License # _____

____ Male ____ Female Race _____

PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT

Using the above information, I hereby authorize Coffee County to obtain a complete Criminal and Driver's History from GCIC/NCIC. This information being for employment purposes with Coffee County.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that false statement of facts on this application constitute grounds for refusal of employment and grounds for dismissal should the falsity of the statements be determined following the date of my employment. I authorize the Coffee County Commission to investigate my personal and employment history to determine my qualifications and fitness for the position applied for.

I agree to a pre-employment drug test and also a drug test may be administered randomly. I will agree to a drug test at any time I am requested to do so by my superior.

Signature of Applicant _____ Date _____

Thank you for applying for a job with the Coffee County Commission, we are,

Sincerely,

THE COFFEE COUNTY COMMISSION

COFFEE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

COFFEE COUNTY IS A DRUG-FREE WORKPLACE.

APPLICANTS MAY BE SUBJECT TO ALCOHOL OR DRUG TESTING.