

# HOUSTON COUNTY

## APPLICATION FOR EMPLOYMENT

It is the policy of Houston County to select new employees and to promote current employees without regard to race, sex, religion, national origin, marital status or disability.

**INSTRUCTIONS:** You must answer all items on this application fully and accurately. The information that you give will be used in determining your qualifications and rating for employment. If an item does not apply to you, or if there is no information to be given, write the letters "N/A" for Not Applicable. **PRINT IN INK OR TYPE.** A resume may be attached BUT WILL NOT be accepted in lieu of this application. In order to be assured consideration for employment, your application must be received no later than the closing date of the vacancy announcement.

Position(s) Desired: (1) _____ (2) _____ (3) _____	Date: _____
_____ Full Time _____ Part Time _____ Temporary	Salary Desired: _____

### PERSONAL DATA

Name:	Last	First	Middle	Social Security Number
Address:	No. & Street		Apt. No.	City, State, Zip
Telephone Numbers:			Are you between the ages of 17 and 70?	
Home:	Business:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
U. S. Citizen or Permanent VISA				
<input type="checkbox"/> Yes <input type="checkbox"/> No If no, give work permit number: _____				
Have you ever been convicted of a crime other than a minor traffic violation? (A conviction does not automatically exclude you from employment consideration)			Do you have a relative working for the county?	
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, give name(s) and relationship.	
If yes, explain on a separate sheet.				
Have you ever been employed by Houston County? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates, location and job classification: _____				
Do you possess a valid motor vehicle Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Class _____ Lic No. _____				

### EDUCATION

	Name and Location	From Mo/Yr	To Mo/Yr	Highest Grade Completed	Did You Graduate	Type Degree Major	Date Degree Obtained or To Be Obtained
High School							
College(s) (Other if Applicable)							
Graduate School							

### MILITARY

Branch of U.S. Service \_\_\_\_\_ From Mo/Yr. \_\_\_\_\_ To Mo/Yr. \_\_\_\_\_ Rank \_\_\_\_\_

Major Duties: (Explain on separate sheet) \_\_\_\_\_

Honorable Discharge: \_\_\_\_\_ Yes \_\_\_\_\_ No (If no, explain on separate sheet)

Service Schools or special training (Explain on separate sheet) \_\_\_\_\_

Do you have a Reserve Obligation? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please describe) \_\_\_\_\_

**EMPLOYMENT HISTORY:** Please provide a complete employment history, listing all positions held, including **military**, part-time, summer, and volunteer. It is most important that you provide exact dates of employment, exact title or position, and detailed description of duties. If you held more than one position with an employer, please treat each position separately. This information will help determine eligibility. If submitting a resume, complete all information except Job Duties.

Were you ever discharged or asked to resign from any position?  Yes  No May we contact your present employer  Yes  No

**(Begin with your present or most recent employer)**

Name of Employer		Address		
Employment Dates (mo/yr) from _____ / _____ to _____ / _____	Salary _____ hrs/wk	Name and Title of Supervisor	Telephone Number	
	Starting: \$ _____ per _____ Present: \$ _____ per _____			
Position Title		Job Duties		
Reason for Leaving				
Name of Employer		Address		
Employment Dates (mo/yr) from _____ / _____ to _____ / _____	Salary _____ hrs/wk	Name and Title of Supervisor	Telephone Number	
	Starting: \$ _____ per _____ Present: \$ _____ per _____			
Position Title		Job Duties		
Reason for Leaving				
Name of Employer		Address		
Employment Dates (mo/yr) from _____ / _____ to _____ / _____	Salary _____ hrs/wk	Name and Title of Supervisor	Telephone Number	
	Starting: \$ _____ per _____ Present: \$ _____ per _____			
Position Title		Job Duties		
Reason for Leaving				

**REFERENCES**

List three references (NOT minors, relatives or former employers) who have known you well during the past few years.

NAME	ADDRESS	OCCUPATION	PHONE NO.	NO. YEARS KNOWN

**CERTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION**

I CERTIFY that the information given by me in this application is true and complete to the best of my knowledge knowing that any false information, misrepresentation, or concealment of fact is sufficient grounds for my application to be rejected or, if employed, my employment terminated.

I UNDERSTAND AND AGREE that all information furnished in this application may be verified by the County. I further understand that any offer of employment may be revoked in the event a drug test, given by the County discloses information on me which is considered disqualifying. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give the Houston County Government all information relative to my employment, education and character, and hereby release such individuals, organizations, and Houston County from any liability for any claim or damage which may result.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Dear Applicant:

Houston County Board of Commissioners is an Equal Opportunity/Affirmative Action employer and subject to certain reporting and affirmative action requirements. The information required on this insert is requested only so that we may meet our Equal Opportunity/Affirmative Action obligations. Your completion of this form is purely voluntary and will not, in any way, affect your consideration for employment. This insert will be separated from your application and will be separately maintained.

Thank you for your assistance.

Position: \_\_\_\_\_  
(Job Title)

How were you referred:

Ad \_\_\_\_\_  
Walk-In \_\_\_\_\_  
Web-Site \_\_\_\_\_  
Agency (Specify) \_\_\_\_\_  
Employee (Who?) \_\_\_\_\_

Please select the appropriate information for each category:

1. Sex: \_\_\_\_\_ Male  
\_\_\_\_\_ Female
2. Ethnicity/Race: \_\_\_\_\_ American Indian or Alaska Native  
\_\_\_\_\_ Asian  
\_\_\_\_\_ Black or African American  
\_\_\_\_\_ Hispanic  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander  
\_\_\_\_\_ White

Applicant's Last Name (please print) \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

No. & Street \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**W.H. Rape, Jr.**  
Chief Deputy  
**Colonel Rueben McGhee**  
Chief Administrator  
**Major Charles Holt**  
Jail Administrator  
**Captain Ricky Harlowe**  
911 Emergency Services

**Cullen Dalton**  
**Sheriff, Houston County**  
202 CARL VINSON PARKWAY  
WARNER ROBINS, GEORGIA 31088  
478-542-2125 • FAX 478-328-1544

**Captain Tommy Jackson**  
Patrol/Traffic Division  
**Captain Robert Clark**  
Investigations Division  
**Captain Alan Everidge**  
Warrants/Civil Division  
**Captain Randy Banks**  
Juvenile Division

### APPLICANT RELEASE AND HOLD HARMLESS AGREEMENT

I, \_\_\_\_\_, hereby acknowledge that I am a Peace Officer applicant, or a candidate for appointment or certification to a position as a Peace Officer in the State of Georgia, or for attendance at a basic training course required for such appointment and certification.

1. I hereby request that my former employers release to any law enforcement agency requesting employment-related information as defined in O.C.G.A. §35-8-8(c)(1) the following:

All written information contained in a prior employer's records or personnel files that relates to an applicant/candidate/peace officer's performance or behavior while employed by such prior employer, including performance evaluations, records of disciplinary actions, and eligibility for rehire. Such term shall not include information prohibited from disclosure by federal law or any document not in the possession of the employer at the time a request for such information is received.

2. In consideration of your providing such information to my prospective law enforcement employer, I hereby forever release and agree to hold harmless and to defend from all liability for any claims, causes of action, or suits or charges by every former employer who provides such complete and accurate information about my employment to the requesting law enforcement agency in accord with O.C.G.A. §35-8-8(c)(2).

3. I understand that O.C.G.A. §35-8-8-(c)(5) provides as follows:

Before taking final action on an application for employment based, in whole or in part, on any unfavorable employment-related information received from a previous employer, a law enforcement agency shall inform the applicant/candidate/peace officer that it has received such employment-related information and that the applicant/candidate/peace officer may inspect and respond in writing to such information. Upon the applicant/candidate/peace officer's request, the law enforcement agency shall allow him/her to inspect employment-related information and to submit a written response to such information. The request for inspection shall be within five business days from the date that the applicant/candidate/peace officer is notified of the law enforcement agency's receipt of such employment-related information. The inspection shall occur not later than ten business days after said notification. Any response to the employment-related information shall be made by the applicant/candidate/peace officer not later than three business days after his/her inspection.

\_\_\_\_\_  
Applicant's Name – PLEASE PRINT

\_\_\_\_\_  
Applicant's Signature

Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2016.

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

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

**Name-Based Criminal History Record Information Consent/Inquiry Form**

I hereby give consent for the \_\_\_\_\_ to receive any Georgia or  
 \_\_\_\_\_ Criminal Justice Agency

III criminal history record information pertaining to me, as authorized under state and federal law for individuals seeking employment with a criminal justice agency.

Full Name (print):			
Address			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for 90/180/\_\_\_\_\_ (circle one) days from date of signature.

I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date of inquiry: \_\_\_\_\_ Time of inquiry: \_\_\_\_\_ Operator's initials: \_\_\_\_\_

Purpose Code used: (check one)

<input type="checkbox"/>	<b>Civilian Employment with a Criminal Justice Agency (J)</b> – Provides complete <i>Georgia</i> and <i>III</i> Criminal History Record Information except juvenile or restricted records and
<input type="checkbox"/>	<b>P.O.S.T. Certified Employment with a Criminal Justice Agency (Z)</b> - Provides <i>Georgia</i> and <i>III</i> Criminal History Record Information including restricted records that contain completed first offender sentences for any offense

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Georgia or III CHRI results available.
<input type="checkbox"/>	Georgia / III CHRI attached/released.

<input type="checkbox"/>	No NCIC/GCIC Warrant results available.
<input type="checkbox"/>	Possible NCIC/GCIC Warrant. Contact Agency listed below.

Wanting Agency Name:	
Agency Telephone:	

\_\_\_\_\_  
Agency Designee Signature and Title

\_\_\_\_\_  
Date