

BOARD OF COMMISSIONERS

LIBERTY COUNTY

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100 MAIN STREET, SUITE 1320
HINESVILLE, GEORGIA 31313
(912) 876-2164 / FAX (912) 348-0090
www.libertycountyga.com



PAT BOWEN
DISTRICT 4
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DISTRICT 5
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DISTRICT 6
JOSEPH W. BROWN
COUNTY ADMINISTRATOR

Dear Applicant:

Thank you for choosing Liberty County to help you meet your employment and career goals. We appreciate the time you are taking to complete our standard application process.

Liberty County is committed to providing a safe and comfortable environment for citizens and their families, as well as offering all employees the security of knowing their coworkers are as trustworthy, safety oriented and drug-free as they are.

In order to meet these safety and security goals, Liberty County conducts a thorough background screening as part of the interview process. If you are offered employment, please note that some or all of the following employment screenings will be performed:

Liberty County **will contact** PREVIOUS EMPLOYERS AND EDUCATION OFFICIALS.

Liberty County **will verify** your PROFESSIONAL LICENSE AND CREDENTIALS (if appropriate).

Liberty County **will check** your DRIVING RECORD (if required).

Liberty County **may request** additional levels of background screening when appropriate.

NOTICE REGARDING CRIMINAL HISTORY

The Board of Commissioners desires to ensure that job applicants with background challenges are not discouraged from seeking employment with Liberty County. It is the policy of the Board of Commissioners not to require applicants to disclose any prior criminal history on the initial job application form. An inquiry and criminal background check will be conducted only after the job applicant has been interviewed for the position for which he or she has applied. Unless otherwise required by law, the existence of a criminal history, standing alone, will not automatically disqualify an applicant from employment with the County, and any criminal history will be reviewed on a case-by-case basis. All persons, whether having a criminal history or not, are encouraged to apply. Additional information regarding the Board of Commissioner's policy on these matters is available upon request.

Again, thank you for considering Liberty County.

If you have access to the Internet and would like to look for jobs with Liberty County, you can go to www.LibertyCountyGa.com. On the top of the screen, under the *Government* tab, click on *Employment*. Job applications are available to print from this same web page. **A hand-written signature is required** on all applications.

APPLICATION FOR EMPLOYMENT

Please Print



Liberty County Board of Commissioners

Mailing: 100 Main St. Suite 1320, Hinesville, GA 31313
 Physical: 112 N. Main St. Room 2200, Hinesville, GA 31313
 Phone: (912) 876-2164 / Fax: (912) 348-0090

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application or interview process should notify a representative of the Human Resources Department.

Name: _____ Social Security #: _____
Last First Middle

Mailing Address: _____
Street or P.O. Box City State Zip Code

Home Phone: (____) _____ Mobile Phone: (____) _____

Email Address: _____

Position Applied For: _____ Date of Application: ____ / ____ / ____

Referral Source: (Please check the appropriate category and name the source.)

| | | |
|--------------------------|------------------|--|
| <input type="checkbox"/> | Walk-in | |
| <input type="checkbox"/> | Employee | |
| <input type="checkbox"/> | Advertisement | |
| <input type="checkbox"/> | County's Website | |
| <input type="checkbox"/> | Other Internet | |

| | | |
|--------------------------|------------------------------|--|
| <input type="checkbox"/> | School | |
| <input type="checkbox"/> | Job Fair | |
| <input type="checkbox"/> | Staffing Agency | |
| <input type="checkbox"/> | Government Employment Agency | |
| <input type="checkbox"/> | Other | |

If necessary, best time to call you at home is: ____:____ AM/PM

May we call you at work? Yes___ No___

If YES, work number and best time to call:

(____) _____ :____ AM/PM

If you are under 18, can you furnish a work permit?

Yes___ No___

If NO, please explain: _____

Have you submitted an application here before?

Yes___ No___

If YES, give date(s) and position(s): _____

Have you ever been employed here before? Yes___ No___

If YES, give dates: FROM ____/____/____

TO ____/____/____

Are you eligible for employment in this country? Yes___ No___

Date you are available for work: ____/____/____

What is your desired salary range or hourly rate of pay?

\$ _____ per _____

Type of employment desired: Full-Time ___ Part-Time ___

Seasonal ___ Temporary ___

Will you relocate if the job requires it? Yes___ No___

Will you travel if the job requires it? Yes___ No___

If they have been explained to you, are you able to meet the attendance requirements of the position?

Yes___ No___

Will you work overtime if required? Yes___ No___

If NO, please explain: _____

Driver's license number required if driving may be required in the job for which you are applying:

DL #: _____ State: _____

Is this a commercial driver's license (CDL)? Yes___ No___

Have you ever been bonded (insured)? Yes___ No___

Employment History

Starting with your most recent employer, provide the following information:

| | | | |
|---|------------------------------------|--|--|
| Employer | Telephone # (____) _____ | Dates Employed: FROM ____/____/____ | TO ____/____/____ |
| Starting Job Title / Final Job Title | | Compensation (STARTING) Hourly ____ Salary ____ \$ _____ per _____ | |
| Street Address | City | State | Commission/Bonus/Other Compensation \$ |
| Immediate supervisor and title (for most recent job held) | | Compensation (FINAL) Hourly ____ Salary ____ \$ _____ per _____ | |
| May we contact for reference? Yes ____ No ____ Later ____ | | Commission/Bonus/Other Compensation \$ | |
| Reason for leaving: | | | |
| Summarize the type of work performed and job responsibilities: | | | |
| What did you like most about your position? | | | |
| What were the things you liked least about the position? | | | |

| | | | |
|---|------------------------------------|--|--|
| Employer | Telephone # (____) _____ | Dates Employed: FROM ____/____/____ | TO ____/____/____ |
| Starting Job Title / Final Job Title | | Compensation (STARTING) Hourly ____ Salary ____ \$ _____ per _____ | |
| Street Address | City | State | Commission/Bonus/Other Compensation \$ |
| Immediate supervisor and title (for most recent job held) | | Compensation (FINAL) Hourly ____ Salary ____ \$ _____ per _____ | |
| May we contact for reference? Yes ____ No ____ Later ____ | | Commission/Bonus/Other Compensation \$ | |
| Reason for leaving: | | | |
| Summarize the type of work performed and job responsibilities: | | | |
| What did you like most about your position? | | | |
| What were the things you liked least about the position? | | | |

| | | | |
|---|------------------------------------|--|--|
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| May we contact for reference? Yes ____ No ____ Later ____ | | Commission/Bonus/Other Compensation \$ | |
| Reason for leaving: | | | |
| Summarize the type of work performed and job responsibilities: | | | |
| What did you like most about your position? | | | |
| What were the things you liked least about the position? | | | |

Employment History (continued)

| | | | |
|---|------------------------------------|--|---|
| Employer | Telephone # (____) _____ | Dates Employed: FROM ____/____/____ | TO ____/____/____ |
| Starting Job Title / Final Job Title | | Compensation (STARTING) Hourly ____ Salary ____ \$ _____ per _____ | |
| Street Address | City | State | Commission/Bonus/Other Compensation \$ _____ |
| Immediate supervisor and title (for most recent job held) | | Compensation (FINAL) Hourly ____ Salary ____ \$ _____ per _____ | |
| May we contact for reference? Yes ____ No ____ Later ____ | | Commission/Bonus/Other Compensation \$ _____ | |
| Reason for leaving: | | | |
| Summarize the type of work performed and job responsibilities: | | | |
| What did you like most about your position? | | | |
| What were the things you liked least about the position? | | | |

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes ____ No ____
 If YES, please explain. _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills: *(Please check appropriate boxes. Include software titles and years of experience.)*

| | | | | |
|--|------------------|--|----------|--|
| | Word Processing: | | # Years: | |
| | Spreadsheet: | | # Years: | |
| | Presentation: | | # Years: | |
| | Email: | | # Years: | |
| | Internet: | | # Years: | |
| | Other: | | # Years: | |
| | Other: | | # Years: | |
| | Other: | | # Years: | |

Educational Background

Starting with your most recent school attended, provide the following information:

| School (include city and state) | Years Completed | Level Completed | GPA Class Rank | Major / Minor |
|---------------------------------|-----------------|---|----------------|---------------|
| | | ___ Diploma ___ GED ___ Degree _____ ___ Certification _____ ___ Other _____ | | |
| | | ___ Diploma ___ GED ___ Degree _____ ___ Certification _____ ___ Other _____ | | |
| | | ___ Diploma ___ GED ___ Degree _____ ___ Certification _____ ___ Other _____ | | |
| | | ___ Diploma ___ GED ___ Degree _____ ___ Certification _____ ___ Other _____ | | |

References

List the name and telephone number of three (3) business/work references that are not related to you and are not previous supervisors. If not applicable, list three (3) school or personal references that are not related to you.

| Name | Title | Relationship to You | Telephone | # Years Known |
|------|-------|---------------------|-----------|---------------|
| | | | | |
| | | | | |
| | | | | |

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veterans/reserve National Guard or any other similarly protected status.

| Organization | Offices Held |
|--------------|--------------|
| | |
| | |
| | |
| | |

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veterans/reserve National Guard or any other similarly protected status.

Related Information (continued)

In your current or prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes ____ No ____ Not Applicable ____

If YES, please explain: _____

Is there any other job-related information you want us to know about you? _____

Do you have relatives (*immediate family) currently employed with Liberty County or *immediate family members that are elected officials?
If so, please list the name(s) in the space provided:

**Immediate family is defined as spouse, child, grandchild, parent, grandparent, brother, sister, mother-in-law and father-in-law, or any person who resides in the employee's household and who is recognized by law as a dependent of a county employee.*

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purposes of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that if any information provided by me that is found to be false, incomplete or misrepresented in any respect, it will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in the immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____ **Date:** ____ / ____ / ____

EQUAL EMPLOYMENT OPPORTUNITY DATA

IMPORTANT ALL APPLICANTS PLEASE READ:

Employees are treated during employment without regard to race, color, religion, creed, sex, national origin, age, marital or veteran status, disability or other legally protected status.

As an employer with an Equal Employment Opportunity program, Liberty County complies with governmental regulations, including Equal Opportunity responsibilities where they apply.

The purpose of this Data Record is to comply with governmental record keeping, reporting and other legal requirements. Periodic Reports are made to the government on the following information. The completion of the Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a confidential file and are not part of your Application for Employment or personnel file.

PLEASE NOTE: Your cooperation is voluntary. Inclusion or exclusion of any data will not affect any employment decision.

VOLUNTARY SURVEY
(Please Print)

Date: _____

Government agencies require periodic reports on the sex, ethnicity, veteran and other protected status of employees. The data is for statistical analysis with respect to the success of the Equal Employment Opportunity program. Submission of this information is voluntary.

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Social Security No.: _____ Date of Birth: _____

Job Applied For: _____

CHECK ONE:

- Male
- Female

CHECK ONE of the following (Ethnic Origin):

- White
- Black or African American
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Hispanic or Latino (All Races)
 - Hispanic or Latino (White Only)
 - Hispanic or Latino (Other Races)

CHECK if any of the following apply:

- Qualified Covered Veteran
- Newly Separated Veteran (discharge within past 3 years)