



Dear Applicant,

I am pleased you have decided to apply for employment with the Dawson County Board of Commissioners. Should you be selected for employment, you will find that the employees of this County are highly motivated, career orientated, competent men and women with high ethical standards, who provide the highest level of services to the community.

Therefore, we have established very high standards for our employees. It is the policy Dawson County to hire only the best-qualified individuals for full and part-time positions. Our employee selection process is thorough and regimented. It affords equal opportunity to everyone regardless of race, creed, color, gender, national origin, age or disability. All eligible applicants will be afforded the same opportunity for employment selection. Accordingly, should you be disabled, you may request any reasonable accommodation in order to further participate in the application process by contacting Human Resources at 706-344-3501x42245.

To be considered for employment, applicants must meet the following minimum qualifications: possess a high school diploma or GED, possess a valid driver's license, honorable discharge (if prior military), be a U.S. citizen, and have no adverse driving record or felony convictions.

The hiring process may include but is not limited to the following: Passing an adult basic education test, passing a physical agility test, intensive background investigation, truth verification examination (voice-stress analysis and/or polygraph), oral interview and following a conditional job offer, medical examination, drug screen and psychological examination. The entire selection process takes approximately 30 days from the date of the written test.

If you fail to pass the adult basic education test or physical agility test, you may re-apply during an announced application period following the expiration of at least 90 days from the closing date of the application period during which you were rejected for employment. Any subsequent failure of these tests will disqualify you from further consideration of employment with the Dawson County Board of Commissioners.

It is essential that you follow all directions provided. The application process requires you to provide much detailed information about yourself. We must have accurate and extensive information upon which to base our employment decisions so that we can properly serve the citizens of Dawson County. Completed applications can be mailed to: **Dawson County Board of Commissioners, Attn: Human Resources, 25 Justice Way, Suite 2233, Dawsonville, GA 30534 or Faxed to 706-531-2707.** Should you have any questions, please contact our **Human Resources Office at 706-344-3501 x42245.**

Sincerely,

A handwritten signature in black ink, appearing to be "Kevin Tanner", written in a cursive style.

Kevin Tanner
County Manager
Dawson County BOC

APPLICATION FOR EMPLOYMENT



All information provided on this application MUST BE COMPLETE so that all applications can be given equitable consideration. Dawson County Government is an Equal Opportunity Employer, dedicated to a policy of non-discrimination. All qualified applicants will receive consideration for employment regardless of race, color, religion, sex, age, national origin or disability. Dawson County will hire only authorized workers, regardless of national origin. This application must be typed or printed. Please complete one application for each position for which you are applying. YOU MUST SIGN AND DATE YOUR APPLICATION IN BLACK INK. RESUMES ARE NOT ACCEPTED IN LIEU OF A COMPLETED APPLICATION, BUT MAY BE ATTACHED AS A SUPPLIMENT.

PERSONAL INFORMATION Date: _____ SSN: ____-____-_____

Name: Last First Middle

Present Address: Street City State Zip

Permanent Address: Street City State Zip

Phone Number: (Area Code) Referred by:

EMPLOYMENT DESIRED:

Position Date you can start? Salary desired:

Are you employed now? If so, may we inquire of your present employer?

Ever applied to the County before? Where When

Have you ever been convicted of a felony or a misdemeanor which resulted in imprisonment?
YES () NO () If yes, please explain:

(A conviction will not necessarily result in the denial of employment.)

EDUCATION:

Name	Location	Last Year Completed	Did you Graduate?	Subject studied & Degree(s) rec'd

Subjects of special study or research work:

Activities other than religious (Civic, athletic, etc):

FORMER EMPLOYMENT: Describe your work history for the past ten (10) years and any relevant work history regardless of age, **beginning with your current or most recent job**. Include military and volunteer experience and periods of unemployment. Failure to give complete information regarding each job held may result in your disqualification. Complete address with zip codes and telephone numbers for all employers are necessary. Please include a copy of your DD214 if you have serviced in the military. **A resume may be attached only as additional information and will not be accepted in lieu of completing this section.** Use additional sheets if necessary.

Company Name _____ Telephone _____

Address _____ Employment Dates:
 Street _____
 City _____ State _____ Zip Code _____ From _____ to _____

Name of Supervisor _____ Annual Salary _____

Position(s) Held _____

Reason for Leaving _____

Describe your duties _____

Company Name _____ Telephone _____

Address _____ Employment Dates:
Street _____
From _____ to _____
City State Zip Code

Name of Supervisor _____ Annual Salary _____

Position(s) Held _____

Reason for Leaving _____

Describe your duties _____

Company Name _____ Telephone _____

Address _____ Employment Dates:
Street _____
From _____ to _____
City State Zip Code

Name of Supervisor _____ Annual Salary _____

Position(s) Held _____

Reason for Leaving _____

Describe your duties _____

Company Name _____ Telephone _____

Address _____ Employment Dates:
Street _____
From _____ to _____
City State Zip Code

Name of Supervisor _____ Annual Salary _____

Position(s) Held _____

Reason for Leaving _____

Describe your duties _____

Company Name _____ Telephone _____

Address _____ Employment Dates:
Street _____
From _____ to _____
City State Zip Code

Name of Supervisor _____ Annual Salary _____

Position(s) Held _____

Reason for Leaving _____

Describe your duties _____

References: List below the names, address and telephone numbers of five (5) references who you are not related to you and are not previous employers. The Human Resources Department will contact at least three.

1. _____
Name Phone #

Address: Street Apt# City State Zip Code

2. _____
Name Phone #

Address: Street Apt# City State Zip Code

3. _____
Name Phone #

Address: Street Apt# City State Zip Code

4. _____
Name Phone #

Address: Street Apt# City State Zip Code

5. _____
Name Phone #

Address: Street Apt# City State Zip Code

PHYSICAL RECORD: Do you have any physical conditions, which may limit your ability to perform the job applied for? This question is voluntary, and any answers will be kept confidential.

EMERGENCY CONTACT:
In case of an emergency notify:

Name	Address	Phone Number
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Drug Free Workplace: As a condition of employment with Dawson County, you will be required to submit to an alcohol and controlled substance test. Employees must, as a condition of employment, abide by our policies regarding the effects of drug use and the unlawful possession of controlled substances. Employees are expected to report for work without the effects of illegal drugs and alcohol in their bodily systems. Employees must report any conviction under a criminal drug statute for such violations. A report of the conviction must be made within five (5) days after the conviction. (This requirement is mandated by the Drug Free Workplace Act of 1988). In order to be employed by Dawson County, you must successfully pass the aforementioned testing.

By signing this form, I acknowledge the above and consent to such examination and/or test. I am not a user, possessor or distributor of illegal or illicit drugs in any form

Date: _____ Signature: _____

CERTIFICATION: Read carefully before signing and dating. Unsigned applications will be disqualified.

I certify that all information on this application is correct. I authorize any agent or employee of Dawson County to verify this information and to release it to anyone who may consider me for employment. I understand that intentionally providing false information on this form or attachments is cause for cancellation of this application or immediate discharge from county employment, whenever it is discovered, I agree and consent to a comprehensive background check (Conviction will not necessary be a bar to employment. Each instance and your explanation will be considered in relation to the position for which you are applying).

Date: _____ Signature: _____



DAWSON COUNTY BOARD OF COMMISSIONERS

HUMAN RESOURCES DEPARTMENT

VOLUNTARY SELF-IDENTIFICATION FORM Used For Government Monitoring Purposes

Dawson County Board of Commissioners is an Equal Opportunity/Affirmative Action employer. We are gathering the following information for recordkeeping in compliance with federal regulations. All information will be considered strictly private and confidential and will be used for EEO purposes only. Your responses are strictly voluntary and will help in developing and monitoring affirmative action programs. This form is not part of the application for employment. **Failure to complete this form will not affect your application for a position.** Your cooperation is appreciated. If you prefer not to reply, please leave this sheet blank.

Please place an "X" in the boxes that apply to you

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Race/Ethnicity:	<input type="checkbox"/> White/Caucasian(non Hispanic)	<input type="checkbox"/> Black/African American
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian/Pacific Islander
	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Two or More
Disability:	Any person who (1) has a physical or mental impairment that substantially limits one or more major life activities; (2) has a record of such impairment; or (3) is regarded as having such impairment.	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vietnam-Era Veteran:	Served in the armed forces between August 5, 1964 through May 7, 1975	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disabled Veteran:	A veteran with a disability (defined above), service connected or otherwise.	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Eligible Veteran:	A veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No



DAWSON COUNTY SHERIFF'S OFFICE

SHERIFF BILLY CARLISLE

19 Tucker Avenue

Dawsonville, Georgia 30534

Office (706) 344-3535 ~ Fax (706) 344-3537



LT. COLONEL JOHN CAGLE

Undersheriff

MAJOR BRANDON BRANSON
Warrants/Civil/Court Services

MAJOR JEFF JOHNSON
Detention/Inmate Services

MAJOR GREG ROWAN
Patrol/Criminal Inv./Communications

BACKGROUND CHECK CONSENT FORM

I hereby request the Dawson County Sheriff's Office to receive any criminal history record information, which may pertain to myself (or the person named below), and may be found in any state or local criminal justice agency in Georgia.

Records obtained from the Dawson County Sheriff's Office may only be used by the requesting agency or entity solely for the purposes requested. If any information is used to deny employment or license, it shall not reflect on the liability of this office, but on the agency or entity who makes that decision and to allow the person/applicant a chance to dispute any information which may be in error. Any dissemination of this information must be with permission of the person/applicant. Dawson County shall not be held responsible for information obtained by another agency, state or federal, which provides such information and whose files reflect records which may contain errors or omissions.

TO REDUCE ERRORS, FULL AND COMPLETE INFORMATION IS REQUIRED.

This request is in accordance to state law as it applies to:

AGENCY REQUESTING HISTORY

(name and phone #): _____

FULL NAME (print): _____

ADDRESS: _____

SSN: _____ (Voluntary. It will be used to confirm your identity and history.)

DOB: _____ SEX: _____ RACE: _____ HGT: _____ WGHT: _____ HAIR: _____

EYES: _____ STATE OF BIRTH: _____ HOME PH #: _____

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code "M")
- Employment with elder care (Purpose code "N")
- Employment with children (Purpose code "W")

SIGNATURE OF APPLICANT

SIGNATURE OF REQUESTING PERSON