



Dawson County Government is an Equal Opportunity Employer
Dawson County Government is a Drug Free Employer

NOTE: All fields must be answered fully in order to be considered for employment. Application must be typed or completed in ink. Please ask for assistance if any portion of the application is unclear.

APPLICANT INFORMATION			
Last Name	First	Middle	Date of Application
Street Address		Apartment/Unit #	PO Box
City		State	Zip Code
Home Telephone	Cell/Other Phone	Email Address	
Position Desired		Date available for employment	Salary desired
Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/> Note: If offered employment, you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in a determination that the applicant is ineligible for employment in the United States.			
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/> May we inquire of your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Previously employed by Dawson County? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, when? _____ Position held? _____			
MILITARY			
Branch	Date of Service	Highest Rank attained	Type of Discharge
If served in the Military, please include a copy of your DD214			
EDUCATION			
High School	City/State	Date Range (ex. 2000-2004)	
Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>		Highest Grade Completed _____ 7 8 9 10 11 12 GED	
Trade (or Apprentices) School	City/State	Date Range (ex. 2000-2004)	
Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>		Degree/Specialty: _____	
College or Business School	City/State	Date Range (ex. 2000-2004)	
Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>		Degree/Specialty: _____	
College or Business School	City/State	Date Range (ex. 2000-2004)	
Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>		Degree/Specialty: _____	
Special courses or certifications which relate to the position you are applying for:			

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 volunteer experience and periods of unemployment. All fields with the exception "Supervisor," are required. Failure to complete all required fields of information for each job held may result in disqualification. Attach additional sheets if necessary. **A resume may be attached only as additional information and will not be accepted in lieu of completing this section.**

Company Name	Telephone Number	Supervisor
Street Address	City	Zip Code
Employment Dates: (Start - End)	Position Held	Annual Salary

Describe your duties:

Reason for Leaving:

Company Name	Telephone Number	Supervisor
Street Address	City	Zip Code
Employment Dates: (Start - End)	Position Held	Annual Salary

Describe your duties:

Reason for Leaving:

Company Name	Telephone Number	Supervisor
Street Address	City	Zip Code
Employment Dates: (Start - End)	Position Held	Annual Salary

Describe your duties:

Reason for Leaving:

Company Name	Telephone Number	Supervisor
Street Address	City	Zip Code
Employment Dates: (Start - End)	Position Held	Annual Salary

Describe your duties:

Reason for Leaving:

Company Name	Telephone Number	Supervisor
Street Address	City	Zip Code
Employment Dates: (Start - End)	Position Held	Annual Salary

Describe your duties:

Reason for Leaving:

REFERENCES

List below the names, address, emails and telephone numbers of four (4) professional references who are **not** previous employers or relatives. The Human Resources Department will contact all listed references.

Name		Email	
Street Address	City/State/ZIP Code		Telephone
Name		Email	
Street Address	City/State/ZIP Code		Telephone
Name		Email	
Street Address	City/State/ZIP Code		Telephone
Name		Email	
Street Address	City/State/ZIP Code		Telephone

REFERRAL SOURCE

- Referred by: _____
- County Website
- County Job Board
- Newspaper
- Other Website: Please list: _____

DRUG FREE WORKPLACE ACKNOWLEDGEMENT

As a condition of employment with Dawson County Government, you will be required to submit to an alcohol and controlled substance test. In order to be employed by Dawson County Government, you must successfully pass this screening test. Candidates rejected for failing to pass the required screening will be required to wait at least 12 months before reapplying for employment. Employees must, as a condition of employment, abide by the Dawson County Substance Abuse/Drug Testing Policy. Employees who are indicted for, or convicted of, a controlled substance related violation under state or federal law, or who plead guilty or no contest to such charges must inform their Supervisor or Human Resources in writing within five (5) days of the conviction or plead (this is a requirement of the Drug Free Workplace Act of 1988). **Should you be offered a job with Dawson County Government, your position will be subject to post accident and reasonable suspicion testing. All safety sensitive positions will be subject to random drug and alcohol testing. These requirements are in accordance with the County's Substance Policy.**

By signing this form, you acknowledge the above and consent to such examination and screening test.

Applicant's Signature _____

Date _____

APPLICANT'S CERTIFICATION AND AGREEMENT

Read carefully before signing. Unsigned applications will be disqualified.

I certify that all the information provided by me in this application is true and complete, and I understand that misrepresentations, omissions of facts, or falsification of this information are grounds for refusal to hire, or if hired, termination.

I authorize without reservation all corporations, companies, credit agencies, persons, educational institutions, law enforcement agencies, and former employers to release information they may have about me, and release them from any liability and responsibility for doing so at the request of Dawson County Government or its acting agent in the process of verifying my application for consideration of employment. I authorize you to request, receive, and verify all information given by me in this application for employment.

If I am employed by the Dawson County Government, I agree to conform to the policies, rules and regulations of the government set forth in the Dawson County Government's Personnel System, employee handbook, policies, and ordinances; and acknowledge that these policies, rules, and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option.

I understand that this application is not a contract of employment. I further understand that if I become employed by Dawson County Government, my employment is at-will and not a contract of employment, and may be terminated with or without cause at any time by me or by Dawson County.

If a physical agility test and/or physical examination is required by Dawson County Government for the position I am applying, I consent to undergo the test/exam, after I have been offered employment, as deemed necessary. Employment is contingent upon successfully passing the required test/exam.

I understand resumes, letters of reference, certificates, etc., submitted with the application become the property of Dawson County and cannot be returned. The information I have provided on the application is subject to public disclosure under the Georgia Open Records Act.

By signing this application, I hereby acknowledge that I understand and agree to all provisions outlined herein.

Applicant's Printed Name

Applicant's Signature

Date

Dawson County Government is dedicated to a policy of non-discrimination. All qualified applicants will receive consideration for employment regardless of race, color, national origin, sex, religion, age or disability.

IMPORTANT INFORMATION ABOUT OUR APPLICATION PROCESS

Applications are to be submitted to the Human Resources Department located in the County Administration office only. Office hours are Monday-Friday between the hours of 8:00am-5:00pm, excluding holidays. If you are applying for an open job posting you will need to remit your application prior to or on the established closing date for that posting. The hiring department supervisor will review applications and only contact for interviews those applicants deemed most appropriate for the position within ten (10) days from the application closing date posted. If you are not contacted for an interview within that time, we will keep your application on file for six (6) months from date of application. No other communication will be sent regarding the status of an application.

Revision: December 2016

**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	Age: _____
Education:	<input type="checkbox"/> High School Diploma/G.E.D.	<input type="checkbox"/> Associates Degree	
	<input type="checkbox"/> Attended College	<input type="checkbox"/> Undergraduate Degree	
	<input type="checkbox"/> Professional Certification	<input type="checkbox"/> Graduate Degree	
Race/Ethnicity:	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Black/African American	
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	
	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian/Pacific Islander	
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		