

Application for Employment

COOK COUNTY COMMISSIONERS

1200 S. HUTCHINSON AVENUE
Adel, GA 31620

PLEASE PRINT

(Equal Opportunity Employer)

Position(s) Applied For _____ Date of Application ____ / ____ / ____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____

Name of Source (If Applicable) _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone Number (____) _____ - _____ Social Security Number _____ - _____
Area Code

If necessary, best time to call you at home is

May we contact you at work? YES NO

If yes, work number and best time to call..... (____) _____ - _____ : _____ am/pm
Area Code Time

If you are under 18, can you furnish a work permit? YES NO

Have you filed an application here before? YES NO

If yes, give date..... ____ / ____ / ____

Have you ever been employed here before? YES NO

If yes, give dates From ____ / ____ / ____ To ____ / ____ / ____

Are you legally eligible for employment in this country? YES NO
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work ____ / ____ / ____

Type of employment desired Full Time Part Time Temporary Seasonal Educational Co-Op

Are you on lay-off and subject to recall? YES NO

Will you relocate if job requires it? YES NO Will you travel if job requires it? YES NO

Are you able to meet the attendance requirements of the position? YES NO

Will you work overtime if required? YES NO

Have you ever been bonded? YES NO

Have you ever been arrested for any offense other than a traffic offense? Explain YES NO
(Such conviction may be relevant if job related, but does not bar you from employment.)

If YES, please explain: _____

Driver's license number (if required by job) State _____

AN EQUAL OPPORTUNITY EMPLOYER
COOK COUNTY IS A DRUG FREE WORK PLACE

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone () -	Dates Employed		Summarize the nature of the work performed and job responsibilities:
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
Employer	Telephone () -	Dates Employed		Summarize the nature of the work performed and job responsibilities:
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Address				
Job Title		Hourly Rate/Salary		
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Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

Comments (including explanation of any gaps in employment)

Skills and Qualifications Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.

Educational Background

A. List last three (3) schools attended, *starting with last one*. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank and E. major and minor field of study (if applicable).

A. School	B. No Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	E. Minor

List any foreign language(s) and check the box that best describes your skill level.

Language	Read and Write	Read and Speak	Read only	Speak only

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known
	() —	
	() —	
	() —	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.) _____

List any additional information you would like us to consider. _____

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

Signature of Applicant _____ Date ____ / ____ / ____



Georgia Department of Driver Services
 Customer Service, Licensing and Records Division
 P.O. Box 80447
 Conyers, Georgia 30013

REQUEST FOR MOTOR VEHICLE REPORT (MVR)

- I am requesting my own Georgia MVR. (Complete Sections 1, 3, and 4)
- I am requesting a Georgia MVR of another individual. (Complete Sections 1, 2, 3, and 4)

PLEASE PRINT LEGIBLY

SECTION 1 – DRIVER INFORMATION (must exactly match driving record)			
Full Name (First, Middle, Last)			
Driver Date of Birth (MM/DD/YY)		Driver's License Number	

SECTION 2 – THIRD PARTY REQUESTOR INFORMATION	
Full Name (First, Middle, Last)	
Firm Name (if applicable)	COOK COUNTY BOARD OF COMMISSIONERS
Address	1200 SOUTH HUTCHINSON AVENUE ADEL, GEORGIA 31620
FOR DEPARTMENTAL USE ONLY	

SECTION 3 – TERM OF REQUEST
Please choose one of the following options: <input type="checkbox"/> Three (3) year Georgia MVR (\$6.00 fee) <input checked="" type="checkbox"/> Seven (7) year Georgia MVR (\$8.00 fee)
If you are requesting a Georgia MVR by mail, please include a business sized self-addressed stamped envelope along with this request and the required payment amount. By mail, we accept personal checks, cashier's checks, money orders, and company checks.

SECTION 4 – AUTHORIZATION TO RELEASE RECORD OF DRIVER			
Under penalty of law, I hereby (please check one)		<input type="checkbox"/> request release of my driving record; OR <input checked="" type="checkbox"/> consent to release of my driving record to the person and/or entity named in Section 2, in accordance with O.C.G.A. §40-5-2.	
Signature of Driver		Date (MM-DD-YY)	

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize _____ to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address City State zip

Sex Race Date of Birth Social Security Number

Signature Date

Notary – My Commission Expires on _____

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’)

One of the following must be checked:

_____ This authorization is valid for 90/180 days (circle one) 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 company.