

# Application for Employment

## COOK COUNTY COMMISSIONERS

1200 S. Hutchinson Ave.  
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 been convicted of a felony in the last seven (7) years? .....  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<br>( ) - | 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<br>( ) - | 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<br>( ) - | 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<br>( ) - | Dates Employed     |     | Summarize the nature of the work performed and job responsibilities: |
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|   |                    | 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 |  |

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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

G. Neil Companies assumes no responsibility of this form and questions which may be asked by the employer of the job applicant that may violate any federal, state, and/or local laws.



**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)**

|   |                                |
|---|--------------------------------|
| <b>Full Name</b><br>(First, Middle, Last) |                                |
| <b>Driver Date of Birth</b><br>(MM/DD/YY) | <b>Driver's License Number</b> |

**SECTION 2 – THIRD PARTY REQUESTOR INFORMATION**

|   |   |
|---|---|
| <b>Full Name</b><br>(First, Middle, Last) | Dewanna Lakisha Robinson                |
| <b>Firm Name</b><br>(if applicable)       | Cook County Ga.                         |
| <b>Address</b>                            | 1200 S. Hutchinson Ave. Adel, Ga. 31620 |
| FOR DEPARTMENTAL USE ONLY                 |   |

**SECTION 3 – TERM OF REQUEST**

Please choose one of the following options:

Three (3) year Georgia MVR (\$6.00 fee)

Seven (7) year Georgia MVR (\$8.00 fee)

Lifetime 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  request release of my driving record; OR  
(Please check one)  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.

|                            |  |                           |  |
|----------------------------|--|---------------------------|--|
| <b>Signature of Driver</b> |  | <b>Date</b><br>(MM-DD-YY) |  |
|----------------------------|--|---------------------------|--|

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize The Cook County Commission Agency/Company to conduct an inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

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

- This authorization is valid for \_\_\_\_\_ days from date of signature.
- I, \_\_\_\_\_, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

|  |                  |
|--|------------------|
| Signature _____                                  | Date _____       |
| Attorney for Individual (Pur E and U Only) _____ | Bar Number _____ |
|  | Date _____       |

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

Purpose Code Used: (check one)

|  |  |
|--|--|
| <b>NON-CRIMINAL JUSTICE PURPOSES</b>                   |  |
| <input checked="" type="checkbox"/>                    | E - Employment   |
| <input type="checkbox"/>                               | M - Working with Mentally Disabled                                   |
| <input type="checkbox"/>                               | N - Working with Elderly   |
| <input type="checkbox"/>                               | W - Working with Children  |
| <input type="checkbox"/>                               | P - Public Records (no consent required)                             |
| <input type="checkbox"/>                               | F - Probate Court / Weapons Carry License                            |
| <b>PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)</b> |  |
| <input type="checkbox"/>                               | U - Personal Copy  |
| <b>CRIMINAL JUSTICE EMPLOYMENT</b>                     |  |
| <input type="checkbox"/>                               | J - Civilian Criminal Justice Employment (State & Ill Info Received) |
| <input type="checkbox"/>                               | Z - Sworn Criminal Justice Employment (State & Ill Info Received)    |

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

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | No Criminal Record Available                           |
| <input type="checkbox"/> | Criminal Record (Attached/Released)                    |
| <input type="checkbox"/> | No NCIC/GCIC Warrant                                   |
| <input type="checkbox"/> | Possible NCIC/GCIC Warrant (List Wanting Agency Below) |

Wanting Agency Name: \_\_\_\_\_

Wanting Agency Telephone: \_\_\_\_\_

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

GA 0370000  
**COOK CO. SHERIFF**  
 1350 COUNTY FARM ROAD  
 ADEL: GA 31620

**AFFIDAVIT VERIFYING STATUS  
for COUNTY PUBLIC BENEFIT APPLICATION**

By executing this affidavit under oath, as an applicant for Employment with Cook County, Georgia or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for Cook County Employment for \_\_\_\_\_ (Name of natural person applying on behalf of individual, business, corporation, partnership or other private entity)

1) \_\_\_\_\_ I am a United States Citizen

or

2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.\*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\*\*

\_\_\_\_\_  
Alien Registration Number for Non-Citizens

Subscribed and Sworn Before me on this  
\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

This form must be  
notarized.

**\*\*Note:** O.C.G.A. 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below.