

FOR OFFICE USE ONLY
APPLICANT'S NAME: _____
JOB PREFERENCE(S) _____
DATE RECEIVED: _____



Please complete all highlighted sections. Some PDF readers will allow you to save your information, while others will only allow printing. Be sure to print document prior to closing.
You may also print the document and fill in the information manually.

Catoosa County
800 LaFayette Street
Ringgold, GA 30736
706-965-2500

GENERAL APPLICATION FOR EMPLOYMENT

Read this section before completing the application

Catoosa County Government is firmly committed to a policy of Equal Employment Opportunity and does not discriminate against applicants because of race, color, religion, age, national origin, sex or disability.

Catoosa County Government maintains a Drug Free Workplace and applicants are subject to a pre-hire drug screen and will be subject to random drug and alcohol testing as required under the County Substance Abuse Policy. Any offer of employment is conditional pending a negative drug test.

I UNDERSTAND THAT MY APPLICATION WILL BE CONSIDERED ACTIVE FOR JOB VACANCIES WHICH OCCUR ONLY DURING THE NEXT (60) DAYS. IF I WISH TO BE CONSIDERED FOR JOB VACANCIES OCCURRING AFTER THAT PERIOD OF TIME, I MUST RENEW MY APPLICATION.

ALL INFORMATION SUBMITTED MAY BE SUBJECT TO PUBLIC REVIEW UNDER THE GEORGIA OPEN RECORDS ACT.

I UNDERSTAND THE INFORMATION LISTED ON THIS PAGE

Date _____

Applicant's Usual Signature

Note: Georgia Smoke Free Air Act 2005
Smoking shall be prohibited in all enclosed public places in the state except as permitted in Code Section 31-12A-6

10. EDUCATION: COMPLETE THIS SECTION EVEN IF YOU HAVE INCLUDED A RESUME

Name of School	City, State	Number of Years Attended	Major/Minor	Degrees or Diplomas Received
High School				
College				
Graduate School				
Vocational School				
Miscellaneous				

11. EMPLOYMENT: List ALL your employments, including summer and part-time for the past ten (10) years. COMPLETE THIS SECTION EVEN IF YOU HAVE INCLUDED A RESUME

Name and Address of Employer	Date From	Date To	Salary	Kind of Work	Name of Supervisor	Reason for Leaving
(a) Name						
Address (Mail/Street)						
(b) Name						
Address (Mail/Street)						
(c) Name						
Address (Mail/Street)						
(d) Name						
Address (Mail/Street)						

12. May we contact your present employer? Yes No (place X in appropriate box)

13. Have you ever been dismissed or asked to resign from any employment or position you have held
 Yes No (place X in appropriate box)

Employer's Name _____ Date _____

Reason

14. PERSONAL REFERENCES

NAME	Contact Info	ADDRESS	BUSINESS	Years Known

15. **MILITARY RECORD**

- a. Have you ever served on active duty in the armed forces of the United States? _____
- b. Branch _____
- c. Are you now a member of the active reserves or National Guard?_
- d. Service Branch and Status_

16. List any additional employment, job-related skills, abilities, training or experiences that might qualify you for a position. Use continuation sheet, if necessary. **COMPLETE THIS SECTION EVEN IF YOU HAVE INCLUDED A RESUME.**

17. Specialized Skills: Check skills/Equipment Operated (place X in all boxes that apply)
- | | | | |
|---|--------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> CRT | <input type="checkbox"/> Fax | <input type="checkbox"/> Production/Mobile Machinery (list) | <input type="checkbox"/> Other (list) |
| <input type="checkbox"/> Pc | <input type="checkbox"/> Spreadsheet | | |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> PEX System | | |
| <input type="checkbox"/> Word Processing - Est. WPM _____ | | | |

18. Please list three **supervisor** references, if possible

Name	Location	Title	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____

19. If under 18 years of age, list name and address of parent and/or guardian

Name	Address	Phone Number
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I understand that all appointments are probationary for a period of one (1) year, during which time I must demonstrate my fitness for continued employment. I am further aware that willfully withholding information or making false statements on this application will be a basis for denial of a position prior to employment, and should such willful withholding or false statement become evident after appointment, such evidence will constitute sufficient grounds for dismissal from service with Catoosa County Government. I further understand that if I am selected for employment with Catoosa County Government that I must comply with the provisions of the Immigration Reform and Control Act of 1986 by providing documentary proof of identity and employment authorization prior to commencement of work. I fully understand and agree to these conditions. I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge. I authorize Catoosa County Government to investigate my previous work performance and to confirm any knowledge, skills and abilities required to qualify me for the position(s) I have indicated on this application.

If this application is considered favorably, on what date will you be able to work? _____

Date _____

Applicant's Usual Signature _____

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the Catoosa County Sheriff's Department to conduct an
Criminal Justice Agency
 inquiry and receive any Georgia criminal history record information pertaining to me which may be
 contained in the files of any state or local criminal justice agency in Georgia.

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

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

 Signature

 Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code used: (check one)

<input type="checkbox"/>	Employment (E) – Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Employment with Mentally Disabled (M) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Employment with Elder Care (N) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Employment with Children (W) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Public Records (P) – Provides <i>Georgia Felony Convictions Only</i>

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

<input type="checkbox"/>	No Georgia CHRI results available.
<input type="checkbox"/>	Georgia CHRI attached/released.

<input type="checkbox"/>	No NCIC/GCIC Warrant results available.
<input type="checkbox"/>	Possible NCIC/GCIC Warrant. Contact Agency listed below.
Wanting Agency Name:	_____
Agency Telephone:	_____

 Agency Designee Signature and Title

 Date

CATOOSA COUNTY GOVERNMENT
800 LaFayette Street
Ringgold, GA 30736
706-965-2500

Authorization to Release Information on Driving History

I hereby authorize the Catoosa County Government Human Resources Department or other authorized representative of Catoosa County bearing this release or copy thereof, to obtain any information in my files pertaining to my driving record.

This release is executed with full knowledge and understanding that the information is for official use of the Catoosa County Human Resources Department.

Consent is granted for Catoosa County to furnish such information as described above, to third parties in the course of fulfilling its official responsibilities. This form shall be valid over the course of my **employment or volunteer services while authorized to drive county vehicles owned by Catoosa County.**

Print Full Name: _____ **Date of Birth:** _____

Driver's License Number: _____ **State where issued:** _____

Expiration Date: _____

Full Name/Signature _____

NOTARY NAME _____

NOTARY SEAL

COMMISSION EXPIRES _____

****If signed in the presence of a Catoosa County Administration employee or department head notary signature is not required.

Name of Catoosa County Administration/Department Head witness

CATOOSA COUNTY GOVERNMENT

PRE-EMPLOYMENT POST-OFFER DRUG TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Catoosa County Government in the selection process of applicants for employment, for the purpose of determining the drug content thereof. I agree that the designated collection site(s) may collect these specimens for these tests and forward them to a testing laboratory designated by Catoosa County Government for analysis. I further agree to and hereby authorize the release of the test results to Catoosa County Government Human Resources Department. I understand that it is the use of illegal drugs or misuse of prescription drugs that would prohibit me from being employed at Catoosa County. I further agree to hold harmless Catoosa County and its agents (including any designated collection site) from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with Catoosa County's consideration of my application for employment. I further agree that a reproduced copy of this Pre-employment Post-offer Drug Testing Consent and Release Form shall have the same force and effect as the original. I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and I have not been coerced into signing this document by anyone. A copy of Catoosa County's Pre-employment Post offer Drug Testing Policy, which more fully sets forth the terms of this program, is available to me upon request.

APPLICANT: Print Name: _____

Birth Date: _____

Signature: _____ Date: _____

Witness Signature _____

Guardian Signature (if applicant/employee under 18) _____

**EEO-4 SELF-IDENTIFICATION FORM
PLEASE COMPLETE AND RETURN**

KEEP THIS SEPARATE FROM YOUR EMPLOYMENT APPLICATION

Please Print

Position Applying For: _____

Age: _____ **Date:** _____

Please indicate your gender and choose from one of the seven racial/ethnic categories below.

Circle One: Male Female

Race/Ethnicity Categories: (Please self-identify as defined below)

- Hispanic or Latino** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race, such as Moroccan or Belizean.
- White** (not of Hispanic Origin) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa which includes people who identify as White, Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish.
- Black or African American** (not Hispanic or Latino) – A person having origins in any of the Black racial groups of Africa which includes people who identify as Black, African American, Nigerian, or Haitian..
- Asian** –(not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native** (not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Native Hawaiian or Other Pacific Islander** (not Hispanic or Latino) – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands which includes people who identify as Native Hawaiian, Guamanian or Chamorro, Samoan, Tahitian, Mariana Islander, or Chuukese.
- Two or More Races** (not Hispanic or Latino) – A person who identified with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.