

Employment Application



Newton County HUMAN RESOURCES

1124 Clark Street
Covington, GA 30014
(678) 625-1211 • (678) 625-1210

FILL IN ALL ITEMS. Be thorough. Your answers determine whether you will be considered for this position. Your completed application, together with all supplementary materials specified on the job announcement, must be received by the Newton County Human Resources no later than the closing date specified. We cannot process incomplete, undated, or unsigned applications. We cannot be liable for materials lost or delayed in the mail. (Documentation submitted becomes the property of Newton County and will not be returned.)

(PLEASE PRINT IN BLACK INK OR TYPE -- DO NOT USE PENCIL)

A SEPARATE APPLICATION IS REQUIRED FOR EACH POSITION

| | |
|--------------------------------------|---------------------|
| EXACT TITLE OF POSITION APPLIED FOR: | Date of Application |
|--------------------------------------|---------------------|

| | | | |
|---|------------|-------------|--|
| Last Name | First Name | Middle Name | Maiden Name |
| Address Number | Street | | Apt. # |
| City | State | Zip Code | |
| Telephone Numbers: 1st _____ 2nd _____ | | | Social Security Number ____-____-____ |

Have you ever been employed with us before? Yes No
 If yes, indicate department in which you were employed _____
 Last position held _____
 Date left _____. Did you leave in good standing? Yes No
 If no, were you dismissed or asked to resign? Yes No

Do you have any relatives working for Newton County Government? Yes No
 If yes, indicate each:
 Relative's Name: _____ Relationship: _____ Dept. Employed: _____
 Relative's Name: _____ Relationship: _____ Dept. Employed: _____

| Valid Licenses and Certificates you hold for this position: | | | |
|---|---------------|---------------------|-----------------|
| Type of License or Certificate | Issuing State | Registration Number | Expiration Date |
| | | | |
| | | | |
| | | | |

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.
 If Yes, please explain. _____

We consider applicants for all positions without regard to race, color, religion, sex, national origin, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status. We are an Equal Opportunity Employer.

Education

| Circle Years Completed | Elementary School | | | | | High School | | | | Undergraduate College / University | | | | Graduate / Professional | | | |
|---|-------------------|---|---|---|---|-------------|----|----|----|------------------------------------|----|----|----|-------------------------|----|----|----|
| | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| Diploma / Degree / Certification | | | | | | | | | | | | | | | | | |
| Course of Study | | | | | | | | | | | | | | | | | |
| Describe any specialized training, apprenticeship, or skills. | | | | | | | | | | | | | | | | | |
| State any additional information you feel may be helpful to us in considering your application. | | | | | | | | | | | | | | | | | |

List professional, trade, or business activities and offices held.

You may exclude memberships which would reveal any protected status:

Have you received a written reprimand, been suspended from work, received a reduction in pay, been demoted, or been subject to other disciplinary action because of failure to meet an employer's work requirements, failure to follow an employer's work rules, or for any other reason within the last year?

If yes, please explain.

Employment Experience

List the positions that you have held, starting with your most recent one. THIS SECTION MUST BE COMPLETED IN DETAIL. You are encouraged to attach a resume if you wish, but reference to a resume in lieu of completing this section cannot be accepted. Under "duties" describe your job in sufficient detail so that we can determine not only your tasks but the level of responsibility. If you have had more jobs or wish to add more detail to the "duties" section, complete a separate sheet in the same format and attach.

| | | | |
|-----------------------|---------------------------|------------|------------------|
| 1. Current Employer | Dates Employed | | Duties Performed |
| | From mo / yr | To mo / yr | |
| Address | | | |
| City, State, Zip Code | | Salary | |
| Job Title | Supervisor & Phone Number | | |
| Reason for Leaving | | | |

| | | | |
|-----------------------|---------------------------|----------|------------------|
| 2. Former Employer | Dates Employed | | Duties Performed |
| | From mo/yr | To mo/yr | |
| Address | | | |
| City, State, Zip Code | | Salary | |
| Job Title | Supervisor & Phone Number | | |
| Reason for Leaving | | | |

| | | | |
|-----------------------|---------------------------|----------|------------------|
| 3. Former Employer | Dates Employed | | Duties Performed |
| | From mo/yr | To mo/yr | |
| Address | | | |
| City, State, Zip Code | | Salary | |
| Job Title | Supervisor & Phone Number | | |
| Reason for Leaving | | | |

| | | | |
|-----------------------|---------------------------|----------|------------------|
| 4. Former Employer | Dates Employed | | Duties Performed |
| | From mo/yr | To mo/yr | |
| Address | | | |
| City, State, Zip Code | | Salary | |
| Job Title | Supervisor & Phone Number | | |
| Reason for Leaving | | | |

| | | | |
|-----------------------|---------------------------|----------|------------------|
| 5. Former Employer | Dates Employed | | Duties Performed |
| | From mo/yr | To mo/yr | |
| Address | | | |
| City, State, Zip Code | | Salary | |
| Job Title | Supervisor & Phone Number | | |
| Reason for Leaving | | | |

| | | | |
|-----------------------|---------------------------|----------|------------------|
| 6. Former Employer | Dates Employed | | Duties Performed |
| | From mo/yr | To mo/yr | |
| Address | | | |
| City, State, Zip Code | | Salary | |
| Job Title | Supervisor & Phone Number | | |
| Reason for Leaving | | | |

This application will be used for one position only. If you wish to apply for other positions with Newton County, submit an application for each position. Reference on this application to materials submitted with other applications cannot be considered. Since the information you submit on this application may be a part of and/or the entire examination process, your failure to provide complete information could delay or even disqualify you from consideration for employment. We can only make changes in addresses or telephone numbers upon request. This application for employment shall be considered active for a period not to exceed 60 days.

I certify that the statements made by me on this application are to the best of my knowledge, true, complete and correct. I understand that any misrepresentation or material omission of fact on this or any other document required by Newton County, if employed, may be considered as constituting grounds for disciplinary measure, including dismissal. I further understand that any offer of employment is subject to successful completion of a medical examination, background investigation and, where necessary, a drug screening. Having applied for employment with Newton County, I do hereby agree and do give my consent that any person, firm or organization listed herein is authorized to furnish Newton County with personal or reference material concerning my character, past employment or any other information they so request. I further agree and hereby give my consent for Newton County to furnish any statistical data regarding this application which may be required for compliance with Equal Employment Opportunity Guidelines. I understand also that I am required to abide by all rules and regulations of Newton County.

Signature of Applicant

Date

FOR HUMAN RESOURCES USE ONLY

Date of Employment _____

Job Title _____

Dept. / Payroll Number _____

Hourly Rate _____

Grade _____ **Job Code** _____

Date of Promotion _____

New Job Title _____

New Job Code _____

New Hourly Rate _____

New Dept. / Payroll Number _____

Date of Transfer _____

New Job Title _____

New Job Code _____

New Dept. / Payroll Number _____

Human Resources _____ **Date** _____

INSTRUCTIONS FOR COMPLETING AN APPLICATION PACKET FOR EMPLOYMENT WITH NEWTON COUNTY GOVERNMENT. RETURN YOUR COMPLETED APPLICATION PACKET TO HUMAN RESOURCES ONLY. WE CANNOT BE RESPONSIBLE FOR APPLICATION PACKETS RETURNED TO OTHER COUNTY OFFICES OR MISDIRECTED MAIL. ASSISTANCE IN COMPLETING THE APPLICATION PACKET IS AVAILABLE UPON REQUEST.

1. Fill out and return the entire application packet including names of supervisors, telephone numbers, addresses, duties etc. **A notation "See Resume" or "See Attached" is not acceptable and may be reasons for disqualifying your application.**
2. You must apply for an exact job title (only one job title per application packet) (i.e. Secretary, Truck Driver I, Administrative Assistant, etc.). A job description for the job title for which you are applying is available for your review.
3. (A) You must provide proof of all minimum or necessary special job requirements such as driver's license, high school diploma, P.O.S.T. certification, etc. If the job for which you are applying requires a driver's license, you must provide us with a current (less than sixty days old) three year history motor vehicle report from the Department of Driver Services or on-line **ONLY**. **Application packets without proper documentation or misleading information will be disqualified from further consideration.**
(B) Prior to beginning employment, you must provide proof of employment eligibility (list of acceptable documents provided).
4. No application packet will be reviewed until **AFTER** the closing date for each job advertisement. **Any application packet received after 12:00 p.m. on the closing date will not be considered for that advertised vacancy.** It will, however, be kept on file for 60 days.
5. Applicants having education, training, and/or experience most closely related to the job performance requirements of the position will be notified by phone or mail for a scheduled personal interview.
6. Application packets remain active for a period of 60 days. After the 60 day period, you must complete a new application packet. We do not update or renew inactive application packets.
7. We **do not** accept resumes in lieu of application packet; however, we encourage you to submit a resume with your completed application packet.
8. Successful completion of a post-offer, reference check, drug history and pre-employment medical examination and drug screening will be required of every finalist for employment. Any person convicted for the first time of any criminal offense involving the manufacture, distribution, sale, or possession of a controlled substance, marijuana or a dangerous drug shall be ineligible for employment for a period of three months from the date of conviction. Any person convicted two or more times shall be ineligible for employment for a period of five years from the date of the most recent conviction.

ACKNOWLEDGEMENT OF AT WILL EMPLOYMENT

I hereby acknowledge that my employment relationship with Newton County is strictly one of AT WILL employment. I understand that I may end the employment relationship at any time and for any reason not prohibited by law, and my employer may do the same. I understand that my AT WILL employment status may not be changed except by express written contract approved by the Board of Commissioners

DATE

EMPLOYEE/APPLICANT SIGNATURE

Newton County

HUMAN RESOURCES
1124 Clak Street,
Covington, Georgia 30014
Tel:(678) 625-1212
(678) 625-1210

AUTHORIZATION TO RELEASE INFORMATION

I have applied to Newton County, Georgia, for employment. Part of the employment process is an investigation and verification of information I provide or will provide on my application for employment and in occasional reports during my employment with Newton County, Georgia.

I do hereby authorize a review of and full disclosure of all records concerning me to Newton County. The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; employment records; financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics and private practitioners, and employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me whether representing me or another person in any case either criminal or civil, in which I presently have or have not had an interest; criminal history record information which may be in the files of the State of Georgia or local criminal justice agency and/or any other information contained in your files relevant to my employment with Newton County, Georgia

I hereby fully and finally release and discharge Newton County, Georgia, and its officials, employees and agents from any and all liability for acts and omissions taken pursuant to this authorization. I similarly release all persons, corporations, and other entities who release any information or documents pursuant to this authorization. I represent and warrant that I will not, directly or indirectly, seek disclosure of information obtained pursuant to this authorization either to me or to anyone else. I also understand that this executed document may be used in any process of promotion, transfer or demotion to a position for which I have applied.

I have carefully read and fully understand the contents of this authorization and I execute it voluntarily as my own free act and deed.

Full Name Printed or Typed Date

Street Address P.O. Box City State Zip Code

Social Security Number Signature

Notary Public (MUST BE NOTARIZED)

• This authorization is valid for 60 days or until application is invalidated.
To be completed by Human Resources _____ and _____
Purpose Code _____ Date of Birth _____ Race Sex _____

NEWTON COUNTY EMPLOYEE BENEFITS SUMMARY

HEALTH & DENTAL INSURANCE (Bi-weekly premium paid by employee)

BlueChoice Healthcare Plan (HMO) & Dental

| | |
|--------|---------|
| Single | \$21.69 |
| Family | \$36.10 |

LIFE INSURANCE: Monthly premiums - Paid by the County for:

Term life - Basic \$15,000 Employee, \$2,000 spouse, \$100 on children 14 days to 6 months, \$2,000 children 6 months to 19 years, \$2,000 children that are full-time students to age 25.

PAID LEAVE:

| | |
|--------------|---|
| Annual: | After 1 year - 1 week 2-9 years - 2 weeks 10-15 years - 3 weeks 16+ years - 4 weeks May accumulate up to 10 weeks |
| Sick: | 6.66 hours per month up to 80 hours per year Maximum accumulation to 720 hours Sick leave may be taken after six months |
| Court: | Jury duty or when subpoenaed for County business. |
| Bereavement: | Up to 3 working days for immediate family only |
| Military: | Up to 30 days per calendar year |

RETIREMENT: 401(a)/457 Defined Contribution retirement plan
Newton County contributes 4% for each employee from 1st paycheck
Will add up to an additional 2% for employee doing 4% in 457.

DIRECT DEPOSIT

EMPLOYEE ASSISTANCE PROGRAM

GEORGIA FEDERAL CREDIT UNION

SHORT TERM AND LONG TERM DISABILITY, ADDITIONAL LIFE INSURANCE, CANCER AND INTENSIVE CARE INSURANCE IS AVAILABLE TO EMPLOYEES AT THEIR EXPENSE.

Newton County

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NOTICE TO JOB APPLICANTS NEWTON COUNTY'S DRUG SCREENING POLICY

Newton County has a strong commitment to its employees to provide a safe work environment and to promote high standards of employee health. The County also has a strong commitment to provide high quality public service. Consistent with the spirit and intent of these commitments, the Board of County Commissioners has determined that there is a compelling need for a County policy on drug use, which includes chemical testing for recent use of controlled substances.

Upon an offer of employment by the County and prior to final appointment, job applicants will be asked to consent to a controlled substance screening test. If the initial screening test indicates that the applicant has recently used controlled substances, the applicant will be notified of the test results.

Before a test is administered, applicants will be asked to sign a consent form authorizing the test and permitting release of test results to those County officials with a need to know.

If an applicant refuses to consent to a test, or if testing indicates use of controlled substances, the offer of employment will be retracted, and the applicant will be denied employment with the County. Applicants will be informed if they are rejected on the basis of test results.

All information from an applicant's drug evaluation is confidential and only those with a need to know are to be informed of test results. Disclosure of such information to any other person, agency, or organization is prohibited unless written authorization is obtained from the applicant.

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a confidential file and are not part of your employment Application for Employment or personnel file. **Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

VOLUNTARY SURVEY

(Please Print)

Date _____

Government agencies at times require periodic reports on the sex, ethnicity, disabled veteran and other protected status of employees. This data is for statistical analysis.

| | | |
|---------------------|-------|-----|
| Name | | |
| Address | | |
| City | State | Zip |
| Social Security No. | | |

Complete Only The Sections Below That Applies

| | | | |
|--|--|--|-----------|
| Check One: Male <input type="checkbox"/> Female <input type="checkbox"/> | | | Age _____ |
| Check One Of The Following: (Ethnic Origin): NOTE: Any choice other than Hispanic/Latino means Not Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Two or More Races | | | |
| Check If Any Of The Following Are Applicable: <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Person With Disability | | | |