



Return completed application to:

Human Resources Department
25 Justice Way, Suite 2233
Dawsonville, GA 30534
(706)344-3500

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 completed in ink. Please ask for assistance if any portion of the application is unclear. An application is required for each position applying for.

APPLICANT INFORMATION

Last Name		First	Middle	Date
Street Address			Apartment/Unit #	PO Box
City			State	Zip Code
Home Telephone		Other Phone	Email Address	
Employment Desired			Date available for employment	Salary desired
Have you ever been employed with Dawson County? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes" Position Held _____				
Are you employed now Yes <input type="checkbox"/> No <input type="checkbox"/> May we inquire of your present employer Yes <input type="checkbox"/> No <input type="checkbox"/>				
Are you authorized to be employed in the United States 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.				
Have you ever been convicted of violating any law; including traffic violations? Yes <input type="checkbox"/> No <input type="checkbox"/>				
A "yes" answer will not necessarily disqualify you from employment.				
If yes, please explain:				

MILITARY

Branch	Date of Service	Highest Rank attained	Type of Discharge
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If served in the Military, please include a copy of your DD214

EDUCATION

High School	Location	Highest Grade Completed	7 8 9 10 11 12 GED
Trade (or Apprentice) School	Location	From: _____ To: _____	Specialty
College or Business School	Location	Did you graduate Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
Subjects of special study or research work:			
Describe special vocational or business courses you have taken which relate to the job for which you are applying:			
Special Certifications:			

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. Failure to give complete information regarding each job held may result in disqualification. Complete addresses with zip codes and telephone numbers for all former employment is required. 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	State	Zip Code
Employment Dates: From:	To:	Position Held	Annual Salary
Describe your duties:			
Reason for Leaving:			
Company Name		Telephone Number	Supervisor
Street Address	City	State	Zip Code
Employment Dates: From:	To:	Position Held	Annual Salary
Describe your duties:			
Reason for Leaving:			
Company Name		Telephone Number	Supervisor
Street Address	City	State	Zip Code
Employment Dates: From:	To:	Position Held	Annual Salary
Describe your duties:			
Reason for Leaving:			
Company Name		Telephone Number	Supervisor
Street Address	City	State	Zip Code
Employment Dates: From:	To:	Position Held	Annual Salary
Describe your duties:			
Reason for Leaving:			

REFERENCES

List below the names, address 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	Telephone Number	
Street Address	City & State	Zip Code
Name	Telephone Number	
Street Address	City & State	Zip Code
Name	Telephone Number	
Street Address	City & State	Zip Code
Name	Telephone Number	
Street Address	City & State	Zip Code

PHYSICAL RECORD

Do you have any physical conditions, which may limit your ability to perform the job you have applied for? _____

This question is voluntary, and any answers will be kept confidential.

Please explain:

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.

Please print name in this box and sign below on line

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.



DAWSON COUNTY SHERIFF'S OFFICE
SHERIFF BILLY CARLISLE
 19 Tucker Avenue
 Dawsonville, Georgia 30534
 Office (706) 344-3535 ~ Fax (706) 344-3537



MAJOR BRANDON BRANSON
Sheriff's Services Division

MAJOR RAY GOODIE
Criminal Investigations Division

MAJOR JEFF JOHNSON
Detention/Inmate Services Division

MAJOR GREG ROWAN
Uniform Patrol Division/E-911Comm. Division

CRIMINAL HISTORY REQUEST

I hereby request for the Dawson County Sheriff's Office to retrieve any criminal history record information, which may pertain to myself (or the person named below), that may be found in any state or local criminal justice agency in Georgia.

Records obtained from the Dawson County Sheriff's Office shall only be used by the requesting agency or individual solely for the purposes requested. If any information is used to deny employment or license, it shall not reflect on the liability of this office, but on the agency or entity who makes that decision and to allow the person/applicant a chance to dispute any information which may be in error. Any dissemination of the information provided must be with permission of the person/applicant. Dawson County shall not be held responsible for information obtained by another agency, state or federal, which provides such information and whose files reflect records which may contain errors or omissions.

TO ENSURE ACCURACY, PLEASE PRINT AND PROVIDE COMPLETE INFORMATION.

Date of request: _____ Dawson County Board of Commissioners
 Human Resources Department
 Agency requesting criminal history (name and phone #): (706) 344-3501 or (706) 344-3500 ext. 42245 or e42239

Full name: _____ Phone #: _____

Address: _____

SSN: _____ DOB: _____ Sex: _____ Race: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____ State of birth: _____

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")

To be completed by Dawson County Sheriff's Office personnel:

Select purpose code used: C E F J M N W Z

Case number or criminal history number used: _____

SIGNATURE OF APPLICANT

SIGNATURE OF REQUESTING PERSON

NOTARY SIGNATURE

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"/> Associate Degree	<input type="checkbox"/> Undergraduate Degree
	<input type="checkbox"/> Attended College	<input type="checkbox"/> Undergraduate Degree	<input type="checkbox"/> Graduate Degree
	<input type="checkbox"/> Professional Certification	<input type="checkbox"/> Graduate Degree	
Race/Ethnicity:	<input type="checkbox"/> White/Caucasian(non Hispanic)	<input type="checkbox"/> Black/African American	
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian/Pacific Islander	
	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Two or More	
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	