



Do you use tobacco products?  No  Yes If yes, explain: \_\_\_\_\_

**DRIVER'S HISTORY INFORMATION:**

Do you have a valid Drivers License?  No  Yes

License # \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_

Have you received any traffic violations in the past 3 years?  No  Yes If yes, list type of offense and dates:

**CRIMINAL HISTORY INFORMATION:**

Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a misdemeanor? (for example: DUI, Bad Checks, etc.)  No  Yes (Omit non-moving traffic violations/parking tickets and any offense which was finally adjudicated in a Juvenile Court or under a Youth Offender Law). If yes, describe the circumstances: (Date, Place, Charges, Disposition). Use additional sheets if necessary.

Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a felony?  No  Yes If yes, describe the circumstances: (Date, Place, Charges, Disposition). Use additional sheets if necessary.

**NOTE:** An applicant convicted of a criminal offense involving the manufacture, distribution, trafficking, or sale of a controlled substance, dangerous drugs or marijuana, or convicted of any felony involving a violent crime such as assault with a deadly weapon, aggravated assault or murder are ineligible for employment with the Miller County Board of Commissioners. Such applicants shall be automatically rejected. Applicants convicted of any other felony will be considered on a case-by-case basis. An applicant who has been convicted of any felony or misdemeanor and has received a pardon from the appropriate State Pardons Parole Board shall be eligible for employment with the Miller County Board of Commissioners.

Have you ever been suspended, demoted, dismissed or asked to resign from any job?  No  Yes

If yes, explain in detail: \_\_\_\_\_

***“We are an Equal Opportunity Employer”***

# EDUCATION

## High School

Name \_\_\_\_\_ Address: \_\_\_\_\_  
 (name of the high school or state authority issuing the diploma or certificate)

Circle highest grade completed:    7 8 9 10 11 12                      Graduated?  No  Yes  
 If not a high school graduate, do you have a GED?  No  Yes

## Colleges/Universities

Please complete the following section for post-secondary education (Technical Schools/Colleges/Universities):

Name of School	City	State	If No Degree, Hours Earned		Major	Type of Degree	Degree Earned yes/no
			Quarter	Semester			

Describe any specialized training, qualifications, apprenticeship, skills, and extra-curricular activities which relate to the job for which you are applying. Include office equipment, computer skills, foreign language skills, typing skills, and business equipment or machine operating skills which may relate to the position for which you are applying. **Use additional sheets if necessary.**

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**REFERENCES** – Give names, addresses, and telephone numbers of three (3) references that **ARE NOT** related to you and **ARE NOT** previous employers.

1. \_\_\_\_\_  
 Name Phone #

Address: Street Apt # City State Zip Code

2. \_\_\_\_\_  
 Name Phone #

Address: Street Apt # City State Zip Code

3. \_\_\_\_\_  
 Name Phone #

Address: Street Apt # City State Zip Code

# Work History

Describe your work history **beginning with your current or most recent job**. Include military and volunteer experience and periods of unemployment. Failure to give complete information regarding each job held **may** result in your disqualification. Complete addresses with zip codes and telephone numbers for all employers are necessary.

**A resume may be attached only as additional information and will not be accepted in lieu of completing this section.** Use additional sheets if necessary.



Name of Organization or Firm: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
City State Zip Code \_\_\_\_\_ From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  
Total Time Employed: \_\_\_\_\_

Name of Your Supervisor: \_\_\_\_\_ Pay Start: \_\_\_\_\_ End: \_\_\_\_\_

Your Official Job Title: \_\_\_\_\_

Specific Reason for Leaving: \_\_\_\_\_

Describe Your Specific Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Name of Organization or Firm: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
City State Zip Code \_\_\_\_\_ From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  
Total Time Employed: \_\_\_\_\_

Name of Your Supervisor: \_\_\_\_\_ Pay Start: \_\_\_\_\_ End: \_\_\_\_\_

Your Official Job Title: \_\_\_\_\_

Specific Reason for Leaving: \_\_\_\_\_

Describe Your Specific Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Name of Organization or Firm: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Total Time Employed: \_\_\_\_\_

Name of Your Supervisor: \_\_\_\_\_ Pay Start: \_\_\_\_\_ End: \_\_\_\_\_

Your Official Job Title: \_\_\_\_\_

Specific Reason for Leaving: \_\_\_\_\_

Describe Your Specific Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Name of Organization or Firm: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Total Time Employed: \_\_\_\_\_

Name of Your Supervisor: \_\_\_\_\_ Pay Start: \_\_\_\_\_ End: \_\_\_\_\_

Your Official Job Title: \_\_\_\_\_

Specific Reason for Leaving: \_\_\_\_\_

Describe Your Specific Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Please use this space for additional information pertinent to your education, training and experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Authorization to Release Information Conditions of Employment

I have made application for employment with the Miller County Board of Commissioners. I authorize any persons or organizations to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, whether or not it is in their records, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage whatsoever for issuing same.

Furthermore, if I am employed by the Miller County Board of Commissioners, I agree to conform to the policies, rules, orders and regulations of the government set forth in the Miller County Board of Commissioners 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 further acknowledge that if I become employed with the Miller County Board of Commissioners, my employment will be at-will and may be terminated with or without cause at any time by me or by the employer until such time that I am no longer on my initial trial period, and become a regular status employee.

If required by Miller County Government for the position which I am applying, I consent to undergo a physical examination and/or psychological examination after I have received a conditional offer of employment, as deemed necessary.

***THIS APPLICATION WILL REMAIN ACTIVE FOR NINETY (90) DAYS ONLY UNLESS RENEWED PERSONALLY BY ME IN WRITING.***

**Before an applicant can be employed with the Miller County Board of Commissioners they must successfully pass a drug test. Should you become an employee with the Miller County Board of Commissioners, your position may require random drug testing.**

May we contact your present employer?  No  Yes  Presently not employed

You must sign the "Authorization to Release Information" form to enable us to contact prior employers, even though we may not contact your present employer.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Revised 04/2006



# CRIMINAL HISTORY CONSENT FORM

I hereby authorize **MILLER COUNTY BOARD OF COMMISSIONERS** to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in the State of Georgia.

Full name PRINTED: \_\_\_\_\_

Other names used: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / ZIP: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Valid for 60 days unless noted below.

Special employment (or volunteer) Provisions (check if applicable)

_____ Employment with mentally disabled	Code M
_____ Employment with elderly care	Code N
_____ Employment with children	Code W
_____ Other	Code E

\_\_\_\_\_ This authorization is valid for 90 / 180 or \_\_\_\_ (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.

\*\*\*\*\*  
Date ran GCIC: \_\_\_\_\_ by: \_\_\_\_\_

Record Found: \_\_\_\_\_ no \_\_\_\_\_ yes: SID: \_\_\_\_\_

Misc: \_\_\_\_\_

If an adverse decision is made against the person whose record is obtained he/she shall be informed:

- That a record was obtained
- The specific contents of the record
- The effect the record had upon the decision

Revised: 09-30-2008

**THE MILLER COUNTY BOARD OF COMMISSIONERS  
HUMAN RESOURCES DEPARTMENT**

**AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD**

I understand that driving a Miller County vehicle (or my own vehicle, as required) is a requirement of the position I am being considered for and that having and maintaining a satisfactory driving record is a condition of my employment. I hereby authorize the Miller County Human Resources Department, within twelve (12) months of this date, to obtain any information in my files pertaining to my driving record for the time period indicated below.

This release is executed with full knowledge and understanding that the information is for official use of the Miller County Human Resources Department for purposes of employment or underwriting of insurance and will not be used for any other purpose.

Consent is granted for the Human Resources Department to furnish such information as described above to third parties in the course of fulfilling its official responsibilities.

**\*COMPLETE ONLY IF VALID DRIVER'S LICENSE IS REQUIRED FOR THE POSITION YOU ARE APPLYING FOR\***

Full Name: _____	Sex: _____	
(Print)		
Date of Birth: _____	Driver's License Number: _____	State Where Issued: _____
Driver's License Expiration Date: _____	Request: Three-year <input checked="" type="checkbox"/> Seven-Year <input type="checkbox"/>	
Signature: _____	Date: _____	
Sworn to and Subscribed Before Me		
This _____ Day of _____, 20 _____		
Notary Public: _____		
Notary Expiration: _____		



**FOR MILLER COUNTY, GEORGIA  
PUBLIC BENEFIT APPLICATION**

By executing this affidavit under oath, as an applicant for (please check applicable statement):

- employment with Miller County
- business/occupation license certificate
- contract for services<sup>1</sup>
- miscellaneous licenses (please specify) \_\_\_\_\_

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 the above:

(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.<sup>2</sup>

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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

Sworn to and subscribed before me, this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

(SEAL)  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Georgia

<sup>1</sup> The undersigned Contractor further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to its Contract with Miller County of which this Affidavit is a part, the undersigned Contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. § 13-10-91 and Georgia Department of Labor Rule 300-10-1-.02 (and, for a contract or agreement relating to public transportation, verification of compliance with the GDOT Rules) through the subcontractor's execution of the subcontractor affidavit required by Georgia Department of Labor Rule 300-10-1-.08 or a substantially similar subcontractor affidavit (and, for a contract or agreement relating to public transportation, required by the GDOT Rules). The undersigned Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to Miller County at the time the subcontractor(s) is retained to perform such service.

<sup>2</sup>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:

\_\_\_\_\_  
Number and Description

# EQUAL OPPORTUNITY EMPLOYER

## THE MILLER COUNTY BOARD OF COMMISSIONERS HUMAN RESOURCES DEPARTMENT

The following information is requested on a voluntary basis and will not be filed with your application. It is the policy of the Miller County Board of Commissioners to ensure equal opportunity in employment and promotion. This policy will be administered without regard to race, religion, color, national origin, marital or veteran status, sex, age, or disability.

**Failure to complete this form will not affect your application for a position.**

Your cooperation is appreciated. If you prefer not to reply, you may leave this sheet blank.

If you have questions, please contact the Human Resources Department at (229) 758-4104.



Position applied for: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

### WITH WHICH ETHNIC GROUP DO YOU MOST IDENTIFY?

1. \_\_\_ Black - Not of Hispanic Origins.
2. \_\_\_ Caucasian - Includes origins in Europe, North Africa, Middle East; not Hispanic or East Indian.
3. \_\_\_ Hispanic - Includes origins of Mexican, Puerto Rican, Central American, South American or other Spanish cultures.
4. \_\_\_ American Indian/Alaskan Native
5. \_\_\_ Asian/Pacific Islander
6. \_\_\_ Multiracial