



Lowndes County Board of Commissioners

Lowndes County, Georgia
327 N. Ashley Street / Valdosta, GA 31601

Lowndes County Board of Commissioners

Department of Human Resources

Post Office Box 1349 / Valdosta, GA 31603-1349 / (229) 671-2400

APPLICATION FOR EMPLOYMENT

LOWNDES COUNTY ACCEPTS APPLICATIONS FOR POSITIONS POSTED VIA JOB ANNOUNCEMENT AND / OR ADVERTISEMENT ONLY. UNSOLICITED APPLICATIONS WILL BE VOIDED.

HOW TO APPLY: Applications for employment must be made on the county's official application form, LC-100 - "Application for employment." Resumes by themselves do not satisfy this requirement.

Lowndes County will continue to list available positions online as well as a printable application. Printed applications should be forwarded to the addresses above.

For special communication needs, please refer to the Department of Human Resources at (229) 671-2410.

If you require assistance with testing due to disability, please notify our staff.

Form with two fields: POSITION APPLYING FOR and JOB ANNOUNCEMENT NUMBER

INSTRUCTIONS: Please print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank.

1. PRESENT LEGAL NAME

Form with three fields: Last Name, First Name, M.I.

2. SOCIAL SECURITY NUMBER

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3. WHEN AVAILABLE FOR EMPLOYMENT

E-mail Address

4. TELEPHONE NUMBER

Form with fields for Area Code and Number for both main and other telephone numbers.

5. DRIVER'S LICENSE

Form with questions about Georgia license validity, license type (Operator, CDL, Class), endorsement code, license number, state, and expiration date.

6. PRESENT ADDRESS

Form with fields for Street Address, Apt. #, City, State, Zip Code, and duration of residence (Years, Months).

7. PREVIOUS ADDRESS

Form with fields for Street Address, Apt. #, City, State, Zip Code, and duration of residence (Years, Months).

APPLICATION MUST BE SIGNED ON LAST PAGE OR IT WILL BE VOIDED

8. EDUCATION AND SPECIAL TRAINING

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12
 High School Diploma (check): _____ Yes _____ No
 Equivalency — GED (check): _____ Yes _____ No

Name and location of last HIGH SCHOOL ATTENDED: _____
Name City State

List special training (Business, Trade, Vocational, Armed Forces Schools, etc.) Below:

Name and Location	Courses or Subject Taken	Certificates Given or Other Pertinent Information

List Colleges and Universities Attended Below:

Name and Location	Major/Minor Degree Field or Program of Study	Degree Received

9. EMPLOYMENT RECORD — List all jobs held in the last ten years and any other jobs relevant to the position for which you are applying. Major changes in duties or job titles with the same employer should be listed as separate jobs. Start with your PRESENT or MOST RECENT position and work back. BE SPECIFIC — all or part of your rating may depend on the information you provide. If additional space is needed, please use a continuation sheet. You may submit a resume in lieu of completing this section, providing it contains all the information requested. Periods of unemployment should be listed separately in Section 10. NOTE: We may contact previous employers to verify your descriptions of past duties.

May we contact your present employer regarding your record of employment? _____ Yes _____ No

(Job 1) Present or most recent Job

From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.

Hours per Week _____
 Starting Salary \$ _____ per _____
 Last Salary \$ _____ per _____

Employer _____
 Address _____
 Telephone Number _____
 Your Job Title _____
 Supervisor's Name and Title _____
 Reason for Leaving Position _____

Specific Duties _____

Number of employees supervised (if applicable) _____

(Job 2) Previous Job

From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.

Hours per Week _____
 Starting Salary \$ _____ per _____
 Last Salary \$ _____ per _____

Employer _____
 Address _____
 Telephone Number _____
 Your Job Title _____
 Supervisor's Name and Title _____
 Reason for Leaving Position _____

Specific Duties _____

Number of employees supervised (if applicable) _____

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(Job 3) Previous Job					
From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.

Hours per Week _____

Starting Salary \$ _____ per _____

Last Salary \$ _____ per _____

Employer _____

Address _____

Telephone Number _____

Your Job Title _____

Supervisor's Name and Title _____

Reason for Leaving Position _____

Specific Duties _____

Number of employees supervised (if applicable) _____

(Job 4) Previous Job					
From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.

Hours per Week _____

Starting Salary \$ _____ per _____

Last Salary \$ _____ per _____

Employer _____

Address _____

Telephone Number _____

Your Job Title _____

Supervisor's Name and Title _____

Reason for Leaving Position _____

Specific Duties _____

Number of employees supervised (if applicable) _____

10. LIST ALL PERIODS OF UNEMPLOYMENT DURING THE PAST 10 YEARS

From		To		Explanation
Mo.	Yr.	Mo.	Yr.	

11. SPECIFIC SKILLS — List below the job number (1-4) from your Employment Record (Section 9) and total number of months of experience in **skillfully** operating the equipment and/or total number of months of substantial experience in craft(s), trade(s), or technical profession(s).

Job Number	List of Office & Related Equipment Operated	No. of Months	List of All Other Equipment Operated	No. of Months

12. List membership(s) in professional, job-related organizations _____

13. List any active professional, technical, occupational licenses or certificates and registrations you now hold _____

14. List awards, commendations, or other recognition received for outstanding achievement in school, military service, your work, or civic duties _____

15. **Have you ever used a legal name other than the one indicated on Page 1?** Yes _____ No _____
 If yes, indicate name(s) and dates used _____

16. **MILITARY SERVICE.**
 Did you serve in the Armed Services? Yes _____ No _____ Is your discharge honorable? Yes _____ No _____

17. **Have you ever worked for the Lowndes County Board of Commissioners?** Yes _____ No _____
 If yes, please give date(s) of employment _____

 Position title _____
 Employing Division(s) _____

18. **Are you related to a county employee or is any member of your household employed by the Lowndes County Board of Commissioners?** Yes _____ No _____
 If yes, please give the person(s):
 Name _____
 Relationship to you _____
 Employing Division(s) _____

19. **Have you ever been CONVICTED of ANY violation of the law, other than minor traffic offenses, or pleaded NOLO CONTENDERE to criminal charges, even if the adjudication was withheld?** Yes _____ No _____ If yes, please give:
 Name of offense _____
 Name and location of court _____
 Deposition of case _____ Date _____
NOTE: A conviction does not automatically mean you cannot be employed by the County. The nature of the offense, how long ago it occurred, relationship to this job, etc., are given consideration.

20. **How did you learn about the position for which you are applying?** — Check the response that applies...
 _____ Newspaper ad _____ Visit to Division of Human Resources _____ Georgia Department of Labor
 _____ County Employee _____ Human Resources Analyst _____ Recruiting Program - Career Day
 _____ High School _____ College Counselor _____ (please specify) _____
 _____ Other Source (please specify) _____ _____ Professional Journal

21. **REFERENCES:** List three (3) references who are not relatives or former employers.

Name and Occupation	Address	Telephone No.	Years Known

REQUIRED EDUCATION AND BACKGROUND INFORMATION: The position announcement contains a description of the experience and/or education required for the position. Applicants are responsible for clearly explaining prior work experience and/or providing all information which supports the application at the time the application is filed. **To be creditable, any required accredited college or university education must be verifiable from a reliable source within the United States or its territories or possessions, and information identifying that source must be submitted with the application.** Nothing can be added to the application once the announcement period has closed. NOTE: Materials submitted with applications become the property of the County and cannot be returned.

STARTING PAY: Starting pay is normally the minimum of the salary range.

IF THIS CLASSIFICATION REQUIRES ABILITY TO DRIVE COUNTY VEHICLES it means successful candidates must have a valid Georgia Driver's or CDL License and will be required to complete a request for authority to drive County vehicles at the time of appointment which must be approved. Such approval must be maintained throughout employment. Employment may be terminated if authority to drive cannot be issued or is revoked.

IDENTIFICATION REQUIREMENTS: In accordance with the immigration reform and control act of 1986 and the reporting requirements of the Internal Revenue Service, applicants must be prepared to present a valid paper Social Security Card and a governmentally issued photo I.D. at the time of selection interview. A valid photo I. D. may be obtained at any Georgia Driver Licensing Office.

NOTE: To be considered, applications must be received in Division of Human Resources no later than 5:00pm on the closing date indicated on the position announcement. Applications may be returned in person or by mail to the Division of Human Resources, P. O. Box 1349, Valdosta, GA 31603-1349. Faxed or electronically submitted applications are not accepted.

IMPORTANT: Employment is subject to verification of an applicant's background and conviction record. Persons selected for employment must (1) present a valid social security card and (2) subsequent to an offer of employment, pass a medical examination by a County physician. The medical examination may include testing for current use of drugs and/or controlled substances. If traces of drugs or controlled substances are present in a candidate's blood or urine and have NOT been obtained and taken as directed by a valid prescription, the candidate will not be given further consideration under the present announcement for this classification. Additionally, Lowndes County is required by federal law to verify having seen documents, which the applicant must provide as part of employment processing, that show the applicant's identity and right to work in the United States.

APPLICATION MUST BE SIGNED.

APPLICANT: PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW. UNSIGNED APPLICATIONS WILL BE VOIDED. I hereby certify that each response on this application and all other information I have furnished in applying for employment with the Lowndes County Board of Commissioners is true and correct. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification in an examination or to discharge at any time. Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide a sample of my blood or urine which may be tested for recent use of drugs and/or controlled substances. Further, I release Lowndes County, its officers, agents, and employees from any liability whatsoever in connection with such a medical examination or the use of the test results therefrom.

LOWNDES COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER AND PROVIDER OF SERVICES

Signature of applicant _____ Date _____