



# NEWTON COUNTY BOARD OF COMMISSIONERS

## EMPLOYMENT APPLICATION

Human Resources Department  
1113 Usher St., Ste. 203 Covington, Georgia 30014  
www.co.newton.ga.us



### PLEASE READ THE FOLLOWING BEFORE COMPLETING APPLICATION

A resume may accompany the application; however, consideration for a position is based on the information submitted on this form, along with any supplementary materials specified on the job announcement. All materials must be received no later than the closing date specified. Documentation submitted becomes the property of Newton County and will not be returned. Unsolicited resumes, or materials requesting general consideration for any position, will not be considered or retained. Currently, we do not accept applications via email or fax. You must either mail it in or hand deliver it to our office.

First Name	Middle Name	Last Name	Social Security Number (Last 4 digits) XXX - XX -
Other Names (List any other names used if different from above)			Phone Number
Current Address	(Number/Street/City/State/Zip Code)		Alternate Number
E-mail Address:			

Please provide the **Date of the Posting** and **Job Title** for the position for which you wish to apply.

Announcement Date

Job Title:

Salary Requirement: \_\_\_\_\_ How did you hear about this position? \_\_\_\_\_

EDUCATION		
High School Name:	City/State	Graduated: <input type="checkbox"/> YES <input type="checkbox"/> Diploma <input type="checkbox"/> GED
		<input type="checkbox"/> NO Last Grade Completed:
Advanced Studies (Technical School, College, University Etc.):	City/State	Type of Diploma / Degree / Certificate

Newton County is an Equal Employment Opportunity (EEO) employer and does not discriminate on the basis of race, color, national origin, religion, gender, age, veteran status ,sex, marital status or disability (in compliance with the Americans with Disabilities Act) with respect to employment opportunities.

Newton County is an at-will employer. We Comply With The Drug Free Workplace Guidelines

## GENERAL DATA

<b>Answer items 1 through 6 by placing an "X" in the proper column.</b>	<b>YES</b>	<b>NO</b>
1. Are you presently working for or have you previously worked for Newton County? If yes, please list date and department.	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you or your spouse have any relatives presently working for Newton County government? If yes, please list the name(s), relationship and the department in which employed.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you recently applied for another position within Newton County government? If yes, please list date and job title.	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you licensed to operate a motor vehicle? If Yes, Driver's License No. _____ State: _____ Class: _____ Expiration Date: _____ If No, Identification No. _____ D.L. Endorsement, if any: _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you, since the age of 18, ever been convicted of a crime? If YES, please use the space below to briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case. Newton County will not deny employment to any applicant solely because the person has been convicted of a crime. The County, however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied.	<input type="checkbox"/>	<input type="checkbox"/>
6. Other language(s) fluently Spoken: _____	Read: _____	Write: _____
7. Computer Software applications: _____	8. Machinery and Equipment Skills: _____	
9. Special qualifications and skills: (Use this space to indicate any, skills, licenses, or certifications, etc.; which in your opinion would qualify you for the position you seek.)		

**EMPLOYMENT HISTORY**

Present Employer:			Job Title:		
Address: (Number/Street/City/State/Zip Code)			Supervisor's Name & Title:		
From: (Month/Year)	To: (Month/Year)	Final Salary:	No. Of Persons Supervised:		Full Time
Reason For Leaving:		May we contact this employer?		<b>YES</b> <b>NO</b>	Part Time
		Phone Number:			Temporary
Duties:					

Past Employer:			Job Title:		
Address: (Number/Street/City/State/Zip Code)			Supervisor's Name & Title:		
From: (Month/Year)	To: (Month/Year)	Final Salary:	No. Of Persons Supervised:		Full Time
Reason For Leaving:		May we contact this employer?		<b>YES</b> <b>NO</b>	Part Time
		Phone Number:			Temporary
Duties:					

Past Employer:			Job Title:		
Address: (Number/Street/City/State/Zip Code)			Supervisor's Name & Title:		
From: (Month/Year)	To: (Month/Year)	Final Salary:	No. Of Persons Supervised:		Full Time
Reason For Leaving:		May we contact this employer?		<b>YES</b> <b>NO</b>	Part Time
		Phone Number:			Temporary
Duties:					

Past Employer:		Job Title:		
Address: (Number/Street/City/State/Zip Code)		Supervisor's Name & Title:		
From: (Month/Year)	To: (Month/Year)	Final Salary:	No. Of Persons Supervised:	Full Time
Reason For Leaving:		May we contact this employer?	<b>YES</b> <b>NO</b>	Part Time
		Phone Number:		Temporary
Duties:				

### REFERENCES

**List three persons other than relatives who have definite knowledge of your qualifications.**

Full Name	Home or Business Address (Number/Street/City/State/Zip Code)	Phone Number	Business or Occupation	Years Acquainted

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 and 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 discipline 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 from Newton County to furnish any statistical data regarding this application which may be required for compliance with the Equal Employment Opportunity Guidelines. I understand also that I am required to abide by all rules and regulations of Newton County Government.

**APPLICATIONS WILL NOT BE CONSIDERED UNLESS SIGNED & DATED; AND ALL QUESTIONS ARE ANSWERED.**

**DATE:** \_\_\_\_\_

**APPLICANT'S SIGNATURE :** \_\_\_\_\_

## **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.

<b>Employee/Applicant signature:</b>	<b>Date:</b>
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# NEWTON COUNTY HUMAN RESOURCES

1113 Usher St., Ste. 203  
Covington, Georgia 30014  
www.co.newton.ga.us

## 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.

<b>Full Name</b> <i>(printed or typed)</i>	<b>Date:</b>
<b>Street Address</b> <i>(City, State, Zip)</i>	
<b>Social Security Number:</b>	<b>Signature:</b>

.....  
**Notary Public** *(must be notarized)*

**• This authorization is valid for 60 days or until application is invalidated. To be completed by Human Resources:**

<b>Date of Birth:</b>	<b>Race:</b>	<b>Sex:</b>	<b>Purpose Code:</b>
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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 to the extent permitted by law, 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 required by law or a 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 or personnel file.

**Please note:** YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

## VOLUNTARY SURVEY

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.

<b>Name:</b>		<b>Date:</b>
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Social Security No.</b>		
<b>Job Title:</b>		

### Complete Only The Sections Below That Apply

<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Age:</b>		
<b>Check One of the Following: (Ethnic Origin): NOTE: Any choice other than Hispanic/Latino means Not Hispanic/Latino</b>			
<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Two or more races	
<b>Check If Any of the Following are Applicable:</b> <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Person with Disability			