



Have you ever worked for us before?  No  Yes If yes, when and where? \_\_\_\_\_

Give name, relationship, & department of any relatives who are employed by the Unified Government of Athens-Clarke County.  
\_\_\_\_\_

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 Unified Government of Athens-Clarke County. 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 Unified Government of Athens-Clarke County.

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:

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

City State Zip Code

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:

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

City State Zip Code

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:

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

City

State

Zip Code

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:

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

City

State

Zip Code

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 Unified Government of Athens-Clarke County. 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 Unified Government of Athens-Clarke County, I agree to conform to the policies, rules, orders and regulations of the government set forth in the Athens-Clarke 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 further acknowledge that if I become employed with the Unified Government of Athens-Clarke County, 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 ACC 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 Unified Government of Athens-Clarke County they must successfully pass a drug test. Should you become an employee with the Unified Government of Athens-Clarke County, 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: \_\_\_\_\_







# THE UNIFIED GOVERNMENT OF ATHENS-CLARKE COUNTY HUMAN RESOURCES DEPARTMENT

## AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD

I understand that driving an Athens-Clarke 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 Athens-Clarke 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 Athens-Clarke 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: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female (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 _____
Signature: _____ Date: _____
Sworn to and Subscribed Before Me
This _____ Day of _____, 20 _____
Notary Public: _____
Notary Expiration: _____