



Lowndes County Board of Commissioners
 Lowndes County, Georgia
 325 West Savannah Avenue / 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. Applications may be picked up between 8:00am and 5:00pm at the Lowndes County Board of Commissioners Administration Building, 325 West Savannah Avenue, Valdosta, GA. Applications can be mailed to you upon request by calling (229) 671-2400.

For special communication needs, please refer to the Department of Human Resources.

POSITION APPLYING FOR

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. If an item does not apply, write N/A (not applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, be sure to include your name, the position title, and the announcement number. You may also attach copies of documents or certificates which support your application. All materials submitted become the property of the County and will not be returned. Nothing can be added to your application after the announcement period has closed. All statements made on this application are subject to verification. Exaggerated, false or misleading statements may be cause for rejection of the application and/or termination of employment. **THIS APPLICATION MUST BE SIGNED ON THE LAST PAGE OR IT WILL BE VOIDED.**

1. PRESENT LEGAL NAME

Last Name	First Name	M.I.

2. SOCIAL SECURITY NUMBER

3. WHEN AVAILABLE FOR EMPLOYMENT

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

4. HOME TELEPHONE NUMBER

Area Code	Number

OTHER TELEPHONE NUMBER

Area Code	Number

5. DRIVER'S LICENSE

Do you have a valid Georgia license? Yes No

License Type: Operator CDL Class

Endorsement Code _____

_____ License # State Exp. Date

6. PRESENT ADDRESS

Street Address	Apt. #	
City	State	Zip Code

How long have you lived at present address? Years _____ Months _____

7. PREVIOUS ADDRESS

Street Address	Apt. #	
City	State	Zip Code

How long did you live at this address? Years _____ Months _____

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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: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> Name City State </div>																								
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 11. 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					Employer _____																			
<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">From</th> <th colspan="2">To</th> <th colspan="2">Total Time</th> </tr> <tr> <th>Mo.</th> <th>Yr.</th> <th>Mo.</th> <th>Yr.</th> <th>Yrs.</th> <th>Mos.</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </tbody> </table>					From		To		Total Time		Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.							Address _____	
From		To		Total Time																				
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.																			
Hours per Week _____					Telephone Number _____																			
Starting Salary \$ _____ per _____					Your Job Title _____																			
Last Salary \$ _____ per _____					Supervisor's Name and Title _____																			
					Reason for Leaving Position _____																			
Specific Duties _____ _____ _____ _____																								
Number of employees supervised (if applicable) _____																								
(Job 2) Previous Job					Employer _____																			
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Hours per Week _____					Telephone Number _____																			
Starting Salary \$ _____ per _____					Your Job Title _____																			
Last Salary \$ _____ per _____					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						Employer _____
From		To		Total Time		Address _____
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.	Telephone Number _____
						Your Job Title _____
Hours per Week _____						Supervisor's Name and Title _____
Starting Salary \$ _____ per _____						Reason for Leaving Position _____
Last Salary \$ _____ per _____						_____

Specific Duties _____

Number of employees supervised (if applicable) _____

(Job 4) Previous Job						Employer _____
From		To		Total Time		Address _____
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.	Telephone Number _____
						Your Job Title _____
Hours per Week _____						Supervisor's Name and Title _____
Starting Salary \$ _____ per _____						Reason for Leaving Position _____
Last Salary \$ _____ per _____						_____

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 10) 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).

No. of Months	List of Office & Related Equipment Operated	No. of Months	List of All Other Equipment Operated	No. of Months	List of Crafts, Trades & Technical Professions

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 _____

<p>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) _____</p>	<p>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) _____</p>
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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 employees.

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 _____