



Employment Application

Butts County Board of Commissioners

An Equal Opportunity Employer

Applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital or veteran status, or the presence of non-job-related medical condition or handicap.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone #: _____ E-mail Address: _____

Date Available: _____ Last 4 digits of Social Security #: _____ Desired Salary: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been employed with Butts County? YES NO If yes, please provide details:

Do you have any relatives presently employed with Butts County? YES NO If yes, who? How related? What department?

Have you ever been arrested? YES NO If yes, provide date(s) and details:

Are you able to perform the essential functions of the job for which you are applying? YES NO If no, specify reasonable accommodations that would allow you to perform the essential

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate: YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate: YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate: YES NO Degree: _____

References

Please list three professional references:

Full Name:

Relationship:

Company:

Phone:

Address:

Street Address

City

State

Zip Code

Full Name:

Relationship:

Company:

Phone:

Address:

Street Address

City

State

Zip Code

Full Name:

Relationship:

Company:

Phone:

Address:

Street Address

City

State

Zip Code

Previous Employment

Company:

Phone:

Address:

Supervisor:

Job Title:

Starting Salary:

Ending Salary:

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference? *YES* *NO* If no, explain:

Company:

Phone:

Address:

Supervisor:

Job Title:

Starting Salary:

Ending Salary:

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference? *YES* *NO* If no, explain:

Company:

Phone:

Address:

Supervisor:

Job Title:

Starting Salary:

Ending Salary:

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference? *YES* *NO* If no, explain:

Special Skills and Qualifications

Summarize any relevant special skills and qualifications acquired from employment or other experiences:

Professional, trade, business, civic activities or offices held

List any professional, trade, business, civic activities, or offices held that you wish to share:

Disclaimer and Signature

- I certify that all answers herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not, and is not intended to be, a contract for employment.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of Butts County.
- I agree for Butts County to conduct a medical exam, drug screen, criminal and motor vehicle history background check on me prior to employment.

Signature: _____

Date: _____

Completed employment applications can be submitted either by emailed
to srobinson@buttscounty.org , returned in person, or by mail to
Attn: Human Resources Department, 625 W. Third Street Suite 4, Jackson, GA 30233.



BOARD OF COMMISSIONERS

625 West Third Street, Suite 4 ~ Jackson, Georgia 30233

Office 770-775-8200 ~ Fax 770-775-8211

www.buttscountyga.com

The Butts County Board of Commissioner's is requesting that one or more background checks be performed as part of the employment process to include *criminal history, drivers history, and/or financial history* as applicable.

Consent Form

I hereby authorize Butts County Board of Commissioners to receive any Georgia criminal history/driver's record pertaining to me which may be in the files of any State or local criminal justice agency in Georgia.

Please attach a copy of your Driver's License.

Full Name (Print)

Driver's License Number

Street/Mailing Address

City

State

Zip Code

Sex

Race

Date of Birth

Social Security Number

Signature

Date

One of the following must be checked:

____ This authorization is valid for 90/180/____ (circle one) days from date of signature.

____ I, _____ give consent for the above named to perform periodic criminal background checks for the duration of my employment.

Special Volunteer provisions (check as applicable):

___ Volunteering with firefighter agency, public/private agency, licensing, adoption/foster parents, individual record, public housing (**Purpose Code E**)

___ Volunteering with criminal justice agency-civilian (**Purpose Code J**)

___ Volunteering with criminal justice agency – P. O.S.T. certified (**Purpose Code Z**)

___ Volunteering with mentally disabled (**Purpose Code M**)

___ Volunteering with elder care (**Purpose Code N**)

___ Volunteering with children (**Purpose Code W**)