



EMPLOYEE APPLICATION

STEWART COUNTY

THIS APPLICATION ONLY VALID FOR A PERIOD OF 90 DAYS

****PLEASE ATTACH RESUME****

APPLICANT NAME _____ DATE _____

Position Applying For _____

Last Name _____ First _____ Middle _____

Address – Number and Street _____ Home Phone _____

City _____ State _____ Zip Code _____ Business Phone _____

When would you be available for employment? _____

Have you been employed previously by Stewart County? () Yes () No *If yes, please explain:*

Are you over 18 years of age? () Yes () No

If you were in military services, did you receive any training which may further qualifying you for the job in which you are applying? () Yes () No If yes, please explain: _____

Are you a high school graduate or equivalent? () Yes () No

If 'No' circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

School Name	Credit	Degree
High School		
Business/Trade School		
College		

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position:

****PLEASE ATTACH RESUME****

AFFIRMATIVE ACTION SURVEY

Qualified applicants are considered for all positions, and employees are treated during employment, without regard to race, color, religion, sex, national origin, marital or veteran status, medical condition, or disability.

As an employer, we comply with government regulations and affirmative action responsibilities. Government agencies require periodic reports on the sex, ethnicity, disability, marital, and veteran status of applicants.

This data is for analysis, affirmative action and periodic government reporting only and will be kept in a *Confidential File* separate from the Application for Employment.

The following information is requested on a **voluntary** basis. This information will be used **only** in accordance with the parts II, III, and IV of Executive Order 11246, and section 503 of the Rehabilitation Act of 1973.

Refusal to provide it **will not** subject an applicant or employee to any adverse treatment.

Name: _____ Today's Date: _____

Check One: () Female () Male

Check one of the following (race/ethnic group):

() White () Black or African American () American Indian or Alaskan Native () Hispanic or Latino () Asian () Native Hawaiian or Other Pacific Islander () Two or More Races

Check One: () Married () Single () Divorced () Widow(er)

Check if any of the following apply: () Vietnam Era Veteran () Disabled Veteran () Individual with a Disability

How did you learn of this position? Check one of the following:

() Walk-in () Internet () Friend () County Employee () Ad () Telephone () Television
() Job Service () Other: _____

CRIMINAL HISTORY CONSENT FORM

I hereby authorize STEWART COUNTY to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia and/or the United States.

Full Name (Print)

Address

City State Zip Code

Sex Race Date of Birth Social Security No.

Signature

(DO NOT SIGN BELOW THIS LINE. FOR DEPARTMENT USE)

STEWART COUNTY SHERIFF OFFICE DATE _____

SIGNATURE OF G.C.I.C. OFFICER

RECORD ATTACHED _____ NO RECORD _____

NOTARY PUBLIC

**PRE-EMPLOYMENT CONSENT AND NOTICE:
ALCOHOL AND CONTROLLED SUBSTANCE TESTING**

As a condition of employment by Stewart County, you must submit to a physical examination. This examination will include an alcohol and controlled substance screening test. In order to be employed by Stewart County, you must successfully pass this screening test.

By signing this form, you are acknowledging that you consent to such a screening test, and that you understand such a screening test is part of Stewart County's Alcohol and Controlled Substance Policy. You hereby agree to abide by this policy.

Date: _____ Signature: _____

Print Name: _____

Soc. Sec. # _____

Witnessed by authorized
Stewart County Employee: _____