



**TRI-COUNTY E-911 AUTHORITY
9161 NASHVILLE HWY
LAKELAND, GA 31635
(912) 487-3276
(912) 487-1806**

**APPLICATION FOR EMPLOYMENT READ THIS
SECTION BEFORE COMPLETING APPLICATION**

THE TRI-COUNTY E-911 AUTHORITY IS AN EQUAL OPPORTUNITY EMPLOYER. THIS APPLICATION WILL BE CONSIDERED FOR ALL POSITIONS FOR WHICH YOU MAY BE QUALIFIED.

I UNDERSTAND THAT MY APPLICATION WILL BE CONSIDERED ACTIVE FOR JOB VACANCIES WHICH OCCUR ONLY DURING THE NEXT NINETY (90) DAYS. IF I WISH TO BE CONSIDERED FOR JOB VACANCIES OCCURRING AFTER THAT PERIOD OF TIME I MUST RENEW BY APPLICATION IN THE OFFICE. I HAVE BEEN ADVISED OF THE TIME LIMITS PLACED ON MY APPLICATION.

I HAVE READ OR HAVE HAD READ TO ME THE INFORMATION LISTED ON THIS PAGE.

DATE

APPLICANTS SIGNATURE

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TO: DEPARTMENT OF EMERGENCY COMMUNICATIONS

CITY: _____

STATE: _____

MY SIGNATURE BELOW AUTHORIZES ANY LAW ENFORCEMENT OFFICIAL TO RELEASE TO THE TRI-COUNTY E-911 AUTHORITY ALL INFORMATION ON FILE CONCERNING MY CRIMINAL AND OR TRAFFIC ARREST RECORDS.

I FURTHER WAIVE ALL PERSONAL PRIVACY RIGHTS AND RELIEVE THE TRI-COUNTY E-911 AND THE LAW ENFORCEMENT AGENCY PROVIDING THE INFORMATION OF ALL RESPONSIBILITY FOR COMPLETENESS AND OR IMPROPER DISSEMINATION OF MY RECORDS.

NAME

DOB

SOC

SEX

RACE

DATE

SIGNATURE

WITNESS

THE ABOVE INDIVIDUAL HAS APPLIED TO THE TRI-COUNTY E-911 AUTHORITY FOR EMPLOYMENT. IF HIRED, HE/SHE WILL BE EMPLOYED IN A POSITION OF TRUST.

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RELEASE OF PEPRSONNEL RECORD INFORMATION

THIS IS TO AUTHORIZE THE RELEASE OF ANY INFORMATION REGARDING MY EMPLOYMENT WITH ANY FORMER EMPLOYER AND TO RELEASE FROM LIABILITY THOSE EMPLOYERS WHO FURNISH SUCH INFORMATION.

THIS _____ DAY OF _____, 20_____.

APPLICANT

WITNESS

ARE YOU 18 YEARS OLD? YES _____ NO _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.?

YES _____ NO _____

NOTE: IF OFFERED EMPLOYMENT YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION TO VERIFY EMPLOYMENT ELIGIBILITY. FAILURE TO PROVIDE THE REQUIRED DOCUMENTATION MAY RESULT IN DETERMINATION THAT THE APPLICANT IS INELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES.

ARE YOU CURRENTLY EMPLOYED BY ATKINSON, CLINCH, OR LANIER COUNTY GOVERNMENTS? YES _____ NO _____

HAVE YOU EVER BEEN EMPLOYED BY ATKINSON, CLINCH, OR LANIER COUNTY GOVERNMENTS? YES _____ NO _____

IF YES WHEN AND WHERE? _____

DO YOU HAVE A VALID DRIVERS LICENSE? YES _____ NO _____

LICENSE # _____ CLASS _____ STATE _____

NOTE: POSSESSION OF A VALID DRIVERS LICENSE IS NOT AN ESSENTIAL FUNCTION OF ALL EMPLOYMENT OFFERED BY TRI-COUNTY E-911. ANSWERING "NO" TO THIS QUESTION IS NOT NECESSARILY A BAR TO CONSIDERATION FOR EMPLOYMENT.

HAVE YOU EVER BEEN CHARGED WITH A FELONY OR MISDEMEANOR WHERE DISPOSITION WAS A CONVICTION, A PLEA OF NOLO CONTENDER (NO CONTEST), OR FIRST OFFENDER TREATMENT? YES _____ NO _____

IF YES, EXPLAIN: _____

NOTE: A CRIMINAL CONVICTION WILL NOT NECESSARILY BE A BAR TO CONSIDERATION FOR EMPLOYMENT. EXCEPT THAT A FELONY CONVICTION WILL BAR EMPLOYMENT IN A LAW ENFORCEMENT JOB; THE DISCLOSURE OF A MISDEMEANOR CONVICTION WILL NOT AUTOMATICALLY RESULT IN DISQUALIFICATION. CRIMINAL HISTORIES WILL BE SUBMITTED TO THE NATIONAL CRIME INFORMATION CENTER (NCIC) FOR VERIFICATION. FAILURE TO DISCLOSE A CONVICTION MAY BE CONSIDERED GROUNDS FOR DISQUALIFICATION. APPLICANTS SHOULD BE CAREFUL TO DISCLOSE ALL CRIMINAL CONVICTIONS IN THE SPACE PROVIDED.

HAVE YOU EVER BEEN DISMISSED OR BEEN ASKED TO RESIGN FROM ANY JOB? YES _____ NO _____

IF YES, EXPLAIN: _____

EDUCATION

ARE YOU A HIGH SCHOOL GRADUATE: YES_____ NO_____?

HIGHEST GRADE COMPLETED? _____ OR GED _____

	NAME/LOCATION	MAJOR	DEGREE
HIGH SCHOOL			
COLLEGE			
GRADUATE			

DESCRIBE SPECIAL VOCATIONAL OR BUSINESS COURSES YOU HAVE TAKEN WHICH RELATES TO THE JOB FOR WHICH YOU ARE APPLYING. _____

_____.

LIST ALL LICENSES, SPECIAL QUALIFICATIONS OR SKILLS (INCLUDING TYPING SKILLS, AND SMALL BUSINESS EQUIPMENT OR MACHINE OPERATING SKILLS) WHICH RELATE TO THE JOB FOR WHICH YOU ARE APPLYING:

_____.

WORK HISTORY

YOU MAY NOT SUBMIT A RESUME IN LIEU
OF COMPLETING THIS WORK HISTORY

DESCRIBE YOUR WORK HISTORY BELOW BEGINNING WITH
YOUR CURRENT OR MOST RECENT JOB. INCLUDE MILITARY,
UNPAID EXPERIENCE AND PERIODS OF UNEMPLOYMENT.
FAILURE TO GIVE COMPLETE INFORMATION REGARDING
EACH JOB HELD MAY RESULT IN YOUR DISQUALIFICATION.
COMPLETE ADDRESS AND ZIP CODES AND PHONE NUMBERS
OF ALL EMPLOYERS ARE NECESSARY. IF YOU NEED EXTRA
PLEASE INCLUDE ON BLANK SHEET OF PAPER AND ATTACH
TO THE BACK OF APPLICATION.

EMPLOYED FROM: _____ TO _____
MONTH/YEARS _____
STARTING
SALARY\$ _____ PER _____ FINAL _____ PER _____
EMPLOYER _____ ADDRESS _____
SUPERVISOR _____ PHONE # _____
KIND OF BUSINESS _____
POSITION _____
SPECIFIC DUTIES _____

REASON FOR LEAVING _____

EMPLOYED FROM: _____ TO _____
MONTH/YEARS _____
STARTING
SALARY\$ _____ PER _____ FINAL _____ PER _____
EMPLOYER _____ ADDRESS _____
SUPERVISOR _____ PHONE # _____
KIND OF BUSINESS _____
POSITION _____
SPECIFIC DUTIES _____

REASON FOR LEAVING _____

EMPLOYED FROM: _____ **TO** _____
MONTH/YEARS _____
STARTING
SALARY\$ _____ **PER** _____ **FINAL** _____ **PER** _____
EMPLOYER _____ **ADDRESS** _____
SUPERVISOR _____ **PHONE #** _____
KIND OF BUSINESS _____
POSITION _____
SPECIFIC DUTIES _____

REASON FOR LEAVING _____

EMPLOYED FROM: _____ **TO** _____
MONTH/YEARS _____
STARTING
SALARY\$ _____ **PER** _____ **FINAL** _____ **PER** _____
EMPLOYER _____ **ADDRESS** _____
SUPERVISOR _____ **PHONE #** _____
KIND OF BUSINESS _____
POSITION _____
SPECIFIC DUTIES _____

REASON FOR LEAVING _____

APPLICANTS CERTIFICATION AND AGREEMENT

I CERTIFY THAT THE FACTS SET FORTH IN THIS APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I AM EMPLOYED, FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED A SUFFICIENT CAUSE FOR DISMISSAL. THE TRI-COUNTY E-911 AUTHORITY IS HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OF MY PRIOR EDUCATION, WORK AND CRIMINAL HISTORIES.

AUTHORIZATION TO RELEASE INFORMATION

I HAVE APPLIED FOR EMPLOYMENT WITH TRI-COUNTY E-911 CENTER. I AUTHORIZE MY FORMER EMPLOYERS TO GIVE ANY INFORMATION REGARDING MY EMPLOYMENT AND/OR ANY INFORMATION THEY HAVE REGARDING ME, WHETHER OR NOT IT IS ON THEIR RECORDS. I HEREBY RELEASE THEM FROM ANY DAMAGE WHATSOEVER FOR ISSUING THE SAME.

MAY WE CONTACT YOUR CURRENT EMPLOYER?

YES _____ NO _____

ARE YOU WILLING TO TAKE A POLYGRAPH TEST AND A DRUG TEST, IF REQUIRED TO DO SO FOR EMPLOYMENT WITH TRI-COUNTY E-911?

YES _____ NO _____

YOU MUST SIGN THE AUTHORIZATION TO RELEASE INFORMATION FROM TO ENABLE US TO CONTACT PRIOR EMPLOYERS EVEN THOUGH WE MAY CONTACT YOUR PRESENT EMPLOYER.

SIGNATURE

DATE

PERSONAL REFERENCES

NAME _____ **PHONE** _____

NAME _____ **PHONE** _____

NAME _____ **PHONE** _____

PROFESSIONAL PREFERENCES

NAME _____ **PHONE** _____

NAME _____ **PHONE** _____

NAME _____ **PHONE** _____

COMMENTS: _____

_____.

I HEREBY CERTIFY THAT ALL STATEMENTS ON THESE FORMS ARE TRUE TO THE BEST OF MY KNOWLEDGE. I FULLY REALIZE THAT SHOULD AN INVESTIGATION DISCLOSE ANY MISREPRESENTATION, I WILL BE SUBJECT TO IMMEDIATE DISMISSAL.

SIGNATURE

DATE