



EMPLOYMENT APPLICATION
 Henry County Government
 140 Henry Parkway – McDonough, GA 30253
 770-288-6000
www.co.henry.ga.us

Henry County is an Equal Opportunity Employer
 Henry County is a Drug Free Employer

Position Applying For: (An application is required for each position)

PERSONAL DATA

Name (Last)		(First)	(Middle)	
Address: (Street)		(City)	(State)	(Zip)
Home Telephone:	Other Phone:	Email Address:	Date Available For Employment:	
Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>			Would you accept shift or night work? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any relatives working for Henry County? If Yes, List names, relationship and the department:				Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been or are you now employed with Henry County Government? If yes, which department and dates employed:				Yes <input type="checkbox"/> No <input type="checkbox"/>

EDUCATION

HIGH SCHOOL

Did you graduate from High School? Yes <input type="checkbox"/> No <input type="checkbox"/>	High School Name:
If not, do you have a GED? Yes <input type="checkbox"/> No <input type="checkbox"/>	City, State
Check Highest Grade Completed: 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	
Specialty Courses:	

COLLEGE

Name and Location of College/University/Tech	Major Courses of Study	Semester/Qtr Hours Completed	Years Completed	Type of Certificate or Degree Received:

MILITARY SERVICE

Branch of Service:	Branch of Service:
Dates Served:	Dates Served:

Type of Discharge:

Type of Discharge:

EMPLOYMENT HISTORY

Provide your employment history beginning with your present or most recent job. If you were self-employed, give firm name. Include any military or volunteer work. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes and phone 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.

EMPLOYMENT #1

Dates Employed (Mo/Yr) To	Company Name	Company Phone #	Starting Salary	Ending Salary
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Job Title	Company Address	Supervisor Name
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Duties & Responsibilities:

Reason for leaving:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
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EMPLOYMENT #2

Dates Employed (Mo/Yr) To	Company Name	Company Phone #	Starting Salary	Ending Salary
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Job Title	Company Address	Supervisor Name
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Duties & Responsibilities:

Reason for leaving:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
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EMPLOYMENT #3

Dates Employed (Mo/Yr) To	Company Name	Company Phone #	Starting Salary	Ending Salary
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Job Title	Company Address	Supervisor Name
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Duties & Responsibilities:

Reason for leaving:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
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EMPLOYMENT #4

Dates Employed (Mo/Yr) To	Company Name	Company Phone #	Starting Salary	Ending Salary
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Job Title	Company Address	Supervisor Name
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Duties & Responsibilities:

Reason for leaving:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
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DRIVING HISTORY			
Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>	Which State?	Driver's License No.	Date of Expiration
Do you have a commercial driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>	Which State?	Which Type?	Driver's License No. Date of Expiration

SKILLS AND TRAINING		
COMPUTER SKILLS: (Check the boxes below only if you have experience with the software program for a minimum of 3 months)		
Operating System <input type="checkbox"/> MS Windows 95/98/XP/Me <input type="checkbox"/> MS Windows NT/2000 <input type="checkbox"/> Other	Word Processing <input type="checkbox"/> Microsoft Word (version) <input type="checkbox"/> Word Perfect (version) <input type="checkbox"/> Other	Spreadsheet <input type="checkbox"/> Microsoft Excel (version) <input type="checkbox"/> Lotus <input type="checkbox"/> Quattro <input type="checkbox"/> Other
Database <input type="checkbox"/> Microsoft Access (version) <input type="checkbox"/> dBase <input type="checkbox"/> SQL <input type="checkbox"/> Other	E-Mail <input type="checkbox"/> Microsoft Outlook <input type="checkbox"/> Lotus Notes <input type="checkbox"/> Groupwise <input type="checkbox"/> cc:Mail <input type="checkbox"/> Other	Other Programs <input type="checkbox"/> Microsoft Powerpoint <input type="checkbox"/> Microsoft Publisher <input type="checkbox"/> Internet Explorer <input type="checkbox"/> Others:

OTHER SKILLS
Are you able to speak any other languages besides English (If yes, please list):
What special skills, qualifications or certifications have you gained from former employers or other experiences which relate to the type of work for which you are applying?

PUBLIC SAFETY		
Please answer the following when applying for a Public Safety position:		
Police Officer, Jailer, Deputy Sheriff:	Are you at least 21 years old?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Firefighter	Are you at least 18 years old?	Yes <input type="checkbox"/> No <input type="checkbox"/>

PRE-EMPLOYMENT DRUG TESTING ACKNOWLEDGEMENT
Please complete this section only if applying for a safety sensitive position.
<p>I hereby acknowledge and understand that, as part of my application for employment for a position which involves the performance of safety-sensitive functions as defined by 49 CFR Part 655, as amended, I must submit to a urine drug test under the authority of the U.S. Department of Transportation, Federal Transit Administration. I acknowledge and understand that any offer of employment is contingent on the passing of the aforementioned drug test and I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result having no evidence of prohibited drug use.</p> <p>Print Name: Signature: _____</p> <p>Date: (Your application will not be considered for employment of a covered safety-sensitive position unless this acknowledgement is completed and signed.)</p>

GENERAL INFORMATION

Can you submit legal verification of your right to work in the United States? (In accordance with the Immigration Reform and Control Act of 1986, proof of authorization to be employed in the United States will be required of all prospective employees. Failure to establish such proof will prohibit or discontinue employment.)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of or pleaded guilty or nolo to a felony or misdemeanor?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, when:	Where:		
For what:			

APPLICANT'S STATEMENT

I certify that the information given in this application is true and complete to the best of my knowledge. I understand that this application is not a contract of employment. I further understand that should employment be offered, my employment and compensation may be terminated with or without cause at any time by either the County or myself. I understand that submission of the application in no way assures me a position and that no County representative has the authority to enter into any employment agreement with me contrary to the foregoing.

Employment with Henry County is contingent upon successfully passing a medical and physical examination (which will include a drug screening provided at no cost to the applicant/employee).

I understand that failure to submit a complete application may disqualify me from consideration for a position.

I understand that any untrue statement in the application may result in my dismissal at any time during my employment with Henry County.

I authorize the release of high school and college transcripts, information concerning my previous employment and any information my former employers may have pertinent to the application and the employment procedures of Henry County. I release all parties from all liability for any damage that may result from requesting, providing, processing, retaining or releasing any information about me. A photographic copy of this authorization shall be as valid as the original.

I understand resumes, letters of reference, certificates, etc., submitted with the application become the property of Henry County and cannot be returned. The information I have provided on the application is subject to public disclosure under the Georgia Open Records Act.

I understand that disclosure of my Social Security number on this application for employment is voluntary, that this information is solicited pursuant to the employer's policies, and that it is intended to be used for the purposes of identification and tracking by the employer in employment transactions.

By signing this application, I hereby acknowledge that I understand and agree to all provisions outlined herein.

Applicant's Signature: _____ **Date:** _____

Henry County Government does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

HOW DID YOU HEAR ABOUT THIS POSITION?

County Website Job Line (County's Phone Line) County Job Board

Other Website: Please list: _____

Newspaper: Please list: _____

Friend/Acquaintance - Name: _____

Other: _____

Email your completed application to hr@co.henry.ga.us