



CHATHAM COUNTY
HUMAN RESOURCES DEPARTMENT

APPLICATION CENTER

124 Bull Street, Suite 110

Savannah, GA 31401

(912) 652-7964 Office; (912) 652-7931 Job Information Line

www.chathamcounty.org



AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER AND A DRUG FREE WORKPLACE

INSTRUCTIONS TO APPLICANT: Thank you for considering Chatham County Government. Please read the job announcement carefully. Complete this application accurately and legibly. False, incorrect, misleading statements may disqualify you for employment with Chatham County. Applicants with a known disability as defined under the Americans with Disabilities Act and request an accommodation in the recruitment or selection process must request this accommodation no later than 48 hours prior to the need.

(TYPE OR PRINT IN INK)

For Human Resources Use Only: Date Entered: Human Resources Representative

Table with 2 columns: POSITION APPLIED FOR, DEPARTMENT

1. NAME (Last) (First) (Middle)

2. ADDRESS (Number) (Street) (Apt) (City) (State) (Zip)

3. HOME PHONE NO. () ALTERNATE PHONE NO.#1 ()

4. EMAIL ADDRESS: ALTERNATE PHONE NO. #2 ()

5. Circle highest grade of school completed: 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate from high school? G Yes G No Date graduated:
Name of High School City and State
Do you have a G.E.D. Certificate? G Yes G No

6. Write name and address of any colleges, universities or training schools you attended, showing dates and major course work:

Circle highest year of college completed: 1 2 3 4 5 Degree/Year Earned:

Graduate School: 1 2 3 4 Degree/Year Earned

7. List any professional licenses, certifications, heavy equipment, special skills, or training:

8. What business machines, computer hardware or software applications are you proficient with?

9. Social Security Number

10. Do you have a valid driver's license? G Yes G No License Number

State Circle Class: A B C Type:

CDL: A B C

11. Beginning with your present or most recent employer, give a complete record of ALL employment, periods of unemployment, education or military service and working back to your first job. Volunteer or Internship work may be included, but you must list the work as "Volunteer," "Internship" and you must put "Unpaid" in the salary space. You must complete your entire work history and duties even if a resume is attached. You may attach additional sheets if necessary.

If presently employed, may we contact your present employer? Yes No

| MONTH/YEAR | NAME AND COMPLETE ADDRESS OF EMPLOYER | NAME OF SUPERVISOR | ENDING/CURRENT SALARY |
|------------|---------------------------------------|--------------------|-----------------------|
| From: | | | |
| To: | | | |

Title and Duties of Position: _____

Explain Reason For Leaving: _____

| MONTH/YEAR | NAME AND COMPLETE ADDRESS OF EMPLOYER | NAME OF SUPERVISOR | ENDING SALARY |
|------------|---------------------------------------|--------------------|---------------|
| From: | | | |
| To: | | | |

Title and Duties of Position: _____

Explain Reason For Leaving: _____

| MONTH/YEAR | NAME AND COMPLETE ADDRESS OF EMPLOYER | NAME OF SUPERVISOR | ENDING SALARY |
|------------|---------------------------------------|--------------------|---------------|
| From: | | | |
| To: | | | |

Title and Duties of Position: _____

Explain Reason For Leaving: _____

| MONTH/YEAR | NAME AND COMPLETE ADDRESS OF EMPLOYER | NAME OF SUPERVISOR | ENDING SALARY |
|------------|---------------------------------------|--------------------|---------------|
| From: | | | |
| To: | | | |

Title and Duties of Position: _____

Explain Reason For Leaving: _____

| MONTH/YEAR | NAME AND COMPLETE ADDRESS OF EMPLOYER | NAME OF SUPERVISOR | ENDING SALARY |
|------------|---------------------------------------|--------------------|---------------|
| From: | | | |
| To: | | | |

Title and Duties of Position: _____

Explain Reason For Leaving: _____

| MONTH/YEAR | NAME AND COMPLETE ADDRESS OF EMPLOYER | NAME OF SUPERVISOR | ENDING SALARY |
|------------|---------------------------------------|--------------------|---------------|
| From: | | | |
| To: | | | |

Title and Duties of Position: _____

Explain Reason For Leaving: _____

12. Have you ever been dismissed , asked to resign or resigned in lieu of termination from any job? **G** Yes **G** No If yes, please explain:

13. Have you ever been employed by Chatham County? **G** Yes **G** No If yes, for what position and when?

14. Are you related (by blood or by marriage) to any current employee of Chatham County? If yes, give name(s), department(s) and relationship(s)

15. Have you ever been convicted of a crime or an offense against the law*? **G** Yes **G** No If yes, give date, nature of offense, name, location of court, and the penalty or disposition of the case or cases:

* Past convictions will not automatically exclude an applicant from employment. The relationship of the crime to the position applied for will be taken into consideration.

16. References: Name three (3) persons who have known you for at least two years. Do not list former supervisors listed on pages 2 or 3 of this application and do not list relatives. (Please be sure that addresses/phone numbers are current.)

- 1. Name _____ Address _____
Telephone Number _____ Occupation _____
- 2. Name _____ Address _____
Telephone Number _____ Occupation _____
- 3. Name _____ Address _____
Telephone Number _____ Occupation _____

I hereby authorize the release of any and all information requested by Chatham County in connection with my application for a position with the County. Such information will include, but will not be limited to: federal, state or local criminal history records pertaining to me, military records, former employer records, pre-employment drug screen results, credit records, educational records and/or transcripts.

Full name printed (Please include any aliases or maiden names) _____

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for may be cause for cancellation of my application and/or separation from the service of Chatham County, if I have been employed.

_____ Date

_____ Signature of Applicant

FOR CHATHAM COUNTY HUMAN RESOURCES DEPARTMENT USE ONLY

Rev. 7/03

REFERRED

TYPING TEST

Date: _____

Date: _____

Initials: _____

Score: _____

DATE RETURNED: _____

DATE HIRED: _____

TEST SUMMARY

Test # _____ Date _____

Filing _____ Checking _____

Math _____ Lang. _____

Total _____



CHATHAM COUNTY EQUAL EMPLOYMENT OPPORTUNITY SURVEY FORM

This information is solicited to facilitate Federal Reporting Requirements. This information will not be used for employment purposes.

Name: _____

Social Security Number (Number is required to add application to system)

_____ - _____ - _____

Date of Birth: _____ Age: _____ Sex: M F

Place of Birth: _____

Race: _____ Caucasian/White _____ African American/Black
_____ Hispanic _____ Asian/Pacific Islander
_____ American Indian/Alaskan Native _____ Other _____

Please take a moment and let us know how you learned about our Employment Opportunities. Please place a check mark by any source used:

Newspapers:

_____ Atlanta Journal/Constitution _____ Charlotte Observer
_____ Florida Times Union _____ Savannah Morning News
_____ Other (Please specify) _____

Web Site:

_____ Chatham County _____ Other (Please specify) _____
_____ Job Line Recording _____ Chatham County Cable Channel 16
_____ Department of Labor
_____ County Employee

Thank you for your assistance!

CONSENT TO BACKGROUND
INVESTIGATION, DRUG TESTING AND
PHYSICAL TESTING

I consent to and hereby authorize any agent of Chatham County to receive any criminal history record information pertaining to me which may be in the files of any federal, state, or local criminal justice agency. I also consent to undergo urinalysis drug screening and a physical/health assessment (where required). In addition, I may also be required to provide a driver history report at my own expense.

(Please sign this form in the presence of a Notary and return with your application.)

Print Full Name

Address

Sex

Race

Date of Birth

Social Security Number

Driver's License Number

This ____ day of _____ 20____. _____
Applicant's Legal Signature

Sworn in the presence of _____
Notary Signature

(Notary Seal) Date _____