Houston County Sheriff's Office
Communication Division

Application Packet

Applicant Name: _____

Applicant Phone number: _____

Applicant Email: _____

July 2026

Instructions and Information

Please read carefully before beginning.

A background investigation will be conducted based on the information you provided in this application. It is critical that you fill out this application completely, truthfully, and accurately. If at any point during the background investigation, or thereafter, it is found that you misrepresented, deliberately omitted, or falsified any information, you will be automatically disqualified from further consideration. It is imperative that you list any arrests and/or convictions to include a finding or a verdict of guilt or a plea of guilty and a plea of Nolo Contendere in a criminal proceeding, regardless of whether the judgment of guilt or sentence is withheld or not entered thereon. This includes first offenders (Georgia State Law 35-8-7.1). You will need to include a reason for the violation.

Do not leave any blanks in this packet. If an item does not apply, write N/A.

The following situation WILL prohibit an applicant from serving as a Communication Deputy:

- Conviction in any Court of a felony offense.
- Conviction in any Court of a drug related offense.
- Less than eighteen (18) years of age at the time of appointment.

The following situations MAY prohibit an applicant from serving as a Communication Deputy:

- Any pending criminal action in any court.
- A military Discharge other than Honorable.
- Seven (7) or more points accumulated against drivers' record at the time of the application.
- Not a citizen of the United States of America.
- Engaging in actions or behaviors that conflict with the agency's code of conduct, goals or mission statement.

Note: An applicant, who has received an official pardon or other similar action for any offense or applicable condition as stated above, is not obligated to disclose the offense or condition in this application. If, however, during the course of a background investigation, facts are discovered regarding the offense or condition, the applicant may be required to produce proof of such pardon or action to remain in consideration for employment.

If you have any questions regarding this application, please contact the Houston County Sheriff's Office Communications Division at (478) 542-9911. For specific questions about positions with the Houston County Sheriff's Office Communication Division, please contact the Houston County Sheriff's Office Communications Division at (478) 542-9911.

Once completed, signed, dated, and all required documents attached, return the application to the Houston County Communication Division at 200 Carl Vinson Pkwy in Warner Robins, Ga.

"Houston County 911 is dedicated to providing timely, efficient, and professional emergency response services. We are committed to ensuring public safety through effective communication, rapid dispatch, and strong partnerships with public safety agencies, while maintaining the highest standards of professionalism and service." - Houston County Emergency Services Mission Statement

The mission statement from the Houston County Emergency Services Policy Manual, sets forth a standard for the staff. Traits identified are professionalism, ethical, honest, service, and commitment.

Furthermore, O.C.G.A. 35-8-23 establishes *minimum* selection standards. It includes criteria on citizenship, age, and education. It also requires applicants be found of good moral character and be found free of any physical, emotional, or mental condition.

After reviewing the Georgia Peace Officer Standards and Training Council (P.O.S.T.) *Manual for Background Investigators*, state, and federal laws, and CALEA (Commission on Accreditation for Law Enforcement Agencies), the following areas should be included in the selection process:

Selection Process
It is very important the application submitted is completed in full, as incomplete applications will not be considered for employment. Once we have received your completed application, the process could take anywhere from 4 to 6 weeks to complete. If you are ruled out as a prospective employee, at any time during the process, you will be notified in writing or email.

Phase One:
 Application and required documentation review:

- Credit Score and Report (minimum requirement 500 or higher to submit application. Can be obtained at www.creditkarma.com or www.annualcreditreport.com) Must include entire, detailed, report. No screen shots are accepted.
- Certified Drivers History (Will need a 7-year history. Can obtain history at Driver's License Department) Must be dated within 7 days of submittal. Must have a signature.
- Birth Certificate (Must be a U.S. or Naturalized Citizen- Will need birth certificate or one or more of the following: Baptismal Record, Draft Card, Court Records, Passport, Citizenship papers, Armed Forces Discharge Paper (DD214), Certified.)
- High School Diploma or equivalent (If you do not have your certificate for proof, you must submit a certified SEALED transcript showing graduation dates or an accredited College degree or certified college transcripts showing graduation date.
- DD-214 long form showing character of service (if applicable)
- Recent color photograph.
- Copy of valid driver's licenses.

 Detailed background check (DDS and state files)

- Application Review
- Credit score and full report review
- Driver's History Review
- Criminal History Review
- Internet / Social Media Check (Twitter, Facebook, Google, Instagram, etc.)
- Personal History Questionnaire (PHQ) review

Phase Two: (If you are called in for second phase, prepare to stay for the entire day)

□ Realistic Job Preview
□ Cognitive Testing (Must pass cognitive testing with an 80- or higher to go to next phase)
□ Writing Exercise
□ Typing Test
□ Panel Interview
□ Two Hour Observation

Phase Three:

□ Interview with Captain and Lieutenant
□ Personal / Professional References Checked
□ Detailed Background investigation

Phase Four:

□ Conditional Offer of Employment (COE) letter
□ Psychological Test
□ Complete Physical and Drug screen
□ Hearing / Vision Test
□ Interview with Sheriff, if needed. (All appointments must be approved by the Sheriff.)

Although rigorous, this process is designed to provide for the best opportunity to select new hires that will represent the Sheriff with the highest level of professionalism and integrity.

NOTICE: APPLICATION WILL NOT BE ACCEPTED UNTIL FULLY COMPLETED. IF APPLICATION IS TURNED IN WITH MISSING DOCUMENTS, ITEMS OR SECTIONS, APPLICATION WILL NOT BE PROCESSED AND THE APPLICANT WILL BE NOTIFIED VIA EMAIL OR LETTER.

I fully understand what I have read:

_____	_____
Applicant Printed Name	Applicant Signature / Date
_____	_____
Witness Printed Name	Witness Signature / Date

Application Accuracy Notice

It is to your advantage to be absolutely truthful in answering all questions in your interviews, on your application and personal history questionnaire.

A misstatement of fact or the omission of requested information is ground for automatic rejection.

We have found in the past that some applicants have been rejected because of a misstatement or omission where the fact which they attempted to hide would not have been a reason for rejection.

We encourage you to be absolutely truthful in these matters.

I fully understand what I have read:

_____	_____
Applicant Printed Name	Applicant Signature / Date
_____	_____
Witness Printed Name	Witness Signature / Date

Use of Credit Information for Employment Purposes

The U.S. Fair Credit Reporting Act (FCRA) of 1996 (15 U.S. Code 1681, Section 604(b) requires that you be notified separately of your rights before any prospective employer may use credit data as part of an employment decision.

You are hereby notified that your prospective employer intends to use credit data as **part** of its decision-making process for the position for which you have applied. You will be required to furnish your credit report with credit score to your prospective employer. You can go to www.creditkarma.com or www.annualcreditreport.com to get your credit report.

Before you submit your credit information to your prospective employer, you need to verify the information on the report is accurate. Once submitted by you, the report will be considered accurate and complete.

CERTIFICATION: I certify that Houston County Emergency Services has my consent to view my credit report and score for the limited purpose of my pre-employment background investigation.

_____	_____
Applicant Printed Name	Applicant Signature / Date
_____	_____
Witness Printed Name	Witness Signature / Date

CANDIDATE DATA SHEET

This Information is required by P.O.S.T. To be used to create Data Gateway account and complete Communication Deputy school application.

First name: _____

Middle name: _____

Last name: _____

Maiden name: _____

Suffix (Sr. Jr) _____

Address: _____

Street City State Zip Code

Social Security Number: _____

Date of Birth: _____

City & State of Birth: _____

Race: _____ Sex: _____ Height: _____ Weight: _____ Hair color: _____

Eye color: _____

Email address: _____

Home Phone #: _____ Cell Phone # _____

Name of High School: _____

High School City & State: _____

Year Graduated: _____ GED: _____

BACKGROUND INFORMATION

(Marital and Family Information)

Marital Status: Married _____ Single _____ Widowed _____
Divorced _____ Separated _____ Domestic partnership _____
Partners name:_____
Partners occupation: _____
Partner's employer: _____
Is your partner in favor of you becoming a Communication Deputy? YES _____ NO _____

Father's full name: _____
Address: _____
Living _____ Deceased _____

Mother's full name: _____
Address: _____
Living _____ Deceased _____

Siblings:
Name: _____ Age: _____
Address: _____

Name: _____ Age: _____
Address: _____

Name: _____ Age: _____
Address: _____

Name: _____ Age: _____
Address: _____

List every child born to you:
Child's Name, Date of Birth, and Address where child resides:

_____
_____
_____
_____

Are you related to any Houston County employee? YES _____ NO _____
If yes, please name the employee: _____
What Department do they work in? _____

Do you know any employees of the Sheriff's Office? YES _____ NO _____
If yes, please give their names: _____
_____
_____

If you have ever been fingerprinted by a police agency other than for an arrest, give details below. Your answer will be checked with the FBI and other agencies.
Agency / Date / Purpose
_____
_____
_____
_____
_____

Do you drink alcoholic beverages? YES _____ NO _____
If yes, when was the last time? _____

Have you ever used marijuana? YES _____ NO _____
If yes, when was the last time? _____

Have you ever used any other illegal drugs, opiates, pills, etc.? YES _____ NO _____
What were the circumstances: _____
_____

Do you now or have you ever associated with anyone that uses drugs or engages in criminal activity? YES _____ NO _____
If yes, explain: _____
_____

Have you ever been fired or permitted to resign employment for breach of trust, embezzlement, theft, or other crime? YES _____ NO _____
If yes, what were the circumstances? _____
_____
_____

Have you ever been fired or permitted to resign employment for abuse of authority or for any disciplinary reasons? YES _____ NO _____
If yes, what were the circumstances?
_____
_____

Personal History Questionnaire

Do you have any specialized skills or training that would be helpful to you if you were selected for a Communication Deputy position?

_____
_____
_____
_____

Do you fluently speak or write any foreign languages?
YES_____ NO _____
If yes, please list: _____

Do you possess any profession licenses or public safety certifications?
YES _____ NO _____
If YES, please list: _____

Complete this section only if you are currently or have been a Communication Deputy.

Are you currently a certified Communication Deputy? _____
If "YES", State of Certification: _____Certification #: _____
Certification date: _____ Name of Training Center: _____
Are you in good standing with the Training Council? _____

How many years of law enforcement experience do you have? _____

Have you ever been the subject of an internal investigation? YES _____ NO _____
If "YES", attach an explanation to this application giving full details.

Have you ever resigned in lieu of termination? YES_____ NO_____
If "YES", attach an explanation to this application giving full details.

EMPLOYMENT HISTORY

List all previous employment for the past ten (10) years, beginning with the most recent first.

Name/Address of Employer: _____
_____
Dates of Employment Reason for leaving _____
_____

Name and telephone number of immediate supervisor _____
Job Title: _____
Brief Description of Job Duties:_____
_____
_____
_____
_____
May we contact this employer? YES _____ NO _____

Name/Address of Employer: _____
_____
Dates of Employment Reason for leaving _____
_____
Name and telephone number of immediate supervisor _____
Job Title: _____
Brief Description of Job Duties:_____
_____
_____
_____
_____
May we contact this employer? YES _____ NO _____

Name/Address of Employer: _____
_____
Dates of Employment Reason for leaving _____
_____
Name and telephone number of immediate supervisor _____
Job Title: _____
Brief Description of Job Duties:_____
_____
_____
_____
_____
May we contact this employer? YES _____ NO _____

Name/Address of Employer: _____
_____

Dates of Employment Reason for leaving _____

_____

Name and telephone number of immediate supervisor _____

Job Title: _____

Brief Description of Job Duties:_____

_____

_____

_____

_____

May we contact this employer? YES _____ NO _____

Name/Address of Employer: _____

_____

Dates of Employment Reason for leaving _____

_____

Name and telephone number of immediate supervisor _____

Job Title: _____

Brief Description of Job Duties:_____

_____

_____

_____

_____

May we contact this employer? YES _____ NO _____

Name/Address of Employer: _____

_____

Dates of Employment Reason for leaving _____

_____

Name and telephone number of immediate supervisor _____

Job Title: _____

Brief Description of Job Duties:_____

_____

_____

_____

_____

May we contact this employer? YES _____ NO _____

Criminal Record History

Please check appropriate responses.

Yes	**No**	
_____	_____	Have you ever been arrested, charged, **or** convicted of any offense?
_____	_____	Have you ever been arrested, charged, or convicted of a firearms or explosive charge?
_____	_____	Are there currently any charges pending against you for any criminal offense?
_____	_____	Have you ever been arrested, charged, or convicted of any offenses related to alcohol or drugs?
_____	_____	Have you ever been given a traffic citation? (list all citations below)
_____	_____	Have you ever been arrested, charged, or convicted of a domestic violence offense?
_____	_____	Are you currently or have you ever been under investigation?

Explain below any questions that you have answered yes to above:

Date of Offense /Law Enforcement Authority/Court

Driving Record History

Can you operate a motor vehicle? YES _____ NO _____

Do you possess a valid Georgia Driver's License? YES_____ NO _____
If yes, give license number, and expiration date: _____

Have you ever possessed a drivers' license from any other State? YES_____ NO _____
If yes, give State and License number: _____

Has your license ever been suspended or revoked? YES _____ NO _____
If yes, for what reason? _____
If yes, was it restored? _____

Have you ever been refused a license by any State? YES_____ NO _____

Give details of any motor vehicle accidents you have been involved in:

Personal References

Personal references (other than family members). Please provide three references, with three methods of contact:

Name: _____
Address: _____

_____
Telephone: _____
Email Address: _____

Name: _____
Address: _____

_____
Telephone: _____
Email Address: _____

Name: _____
Address: _____

_____
Telephone: _____
Email Address: _____

Professional References

Please provide three professional references, with three methods of contact:

Name: _____
Address: _____

_____
Telephone: _____
Email Address: _____

Name: _____
Address: _____

_____
Telephone: _____
Email Address: _____

Name: _____
Address: _____

_____
Telephone: _____
Email Address: _____

WILLINGNESS CHECKLIST

In the past, many people have taken the job of Communication Deputy without carefully considering the requirements of the work. It is in your best interest to answer each question honestly. For each job requirement on the list below, circle "YES" if you are willing to do it. "NO" if you are not willing.

Do you believe that you can set aside any personal prejudices and be fair in dealing with callers? **Yes No**
Are you willing to work a twelve (12) hour shift? **Yes No**
Are you willing to work alternating weekends? **Yes No**
Are you willing to work all holidays which are not on your regular days off? **Yes No**
In the event of an emergency, such as a shift vacancy, are you willing to work on your day(s) off? **Yes No**
Are you willing to wear a uniform to work every day? **Yes No**
Are you willing to work in a tobacco free environment? **Yes No**
Are you willing to participate in training to learn and develop techniques and skills required of a Communication Deputy? **Yes No**
Are you willing to instruct first aid, including CPR, to callers who are ill or injured? **Yes No**
Are you willing to work in an environment which can be noisy? **Yes No**
Are you willing to work on a computer for long periods of time? **Yes No**
Are you willing to work without having access to your cellphone? **Yes No**
Are you willing to work in a situation where you may be cursed at and/or verbally threatened? **Yes No**

If you circled no to any of these questions, you are probably not suited for this type of work and should not continue to pursue a position as a Communications Deputy.

I have read and understand the information provided above, agree to the terms and requirements of the selection process, and wish to continue with the application process.

_____ _____

Applicant Printed Name Applicant Signature / Date

_____ _____

Witness Printed Name Witness Signature / Date

Internet Check Release

The effective operation of a 9-1-1 Center depends upon the public's confidence and trust in the agency and its employees. Conduct that brings, or could reasonably bring, an employee or the agency into disrepute may negatively affect that trust. As part of the background investigation process, Houston County 911 conducts an internet and social media review of all applicants. Applicants are required to disclose all current social media accounts, online profiles, and platforms with which they are associated, including usernames or account names. Applicants authorize Houston County 911 and its designated background investigators to review publicly available internet and social media information. Failure to disclose the requested account or intentionally providing false or misleading information may result in disqualification from the employment process.

Please check below if you have an active account with any of the listed sites.

- ☐ Facebook Name: _____
- ☐ Instagram screen name: _____
- ☐ X (Twitter) handle: _____
- ☐ TikTok:_____
- ☐ Reddit: _____
- ☐ Other Social Network: _____

List any other sites in which you participate in any online blogging, podcast, journaling, or posting of comments/opinions for public access or viewing:

_____

_____

_____

Do you currently receive income, compensation, or other financial benefits from any social media account, online platform, or content-creation activity?

☐ Yes ☐ No

If yes, please identify the platform(s) and briefly describe the nature of the activity:

_____

_____ _____

Applicant Printed Name Applicant Signature / Date

_____ _____

Witness Printed Name Witness Signature / Date

Name-Based Criminal History Record Information Consent / Inquiry Form

I hereby give consent for the _____ to receive any Georgia
Criminal Justice Agency
or III Criminal History Record information pertaining to me, as authorized under state and federal law for individuals seeking employment with a criminal justice agency.

Full Name (Print)			
Address:			
Sex	Race	Date of Birth	Social Security Number

☐ This authorization is valid for 90/180/_____ (circle one) days from date of signature.
☐ I, _____ give consent to the above name to perform periodic criminal history background checks for the duration of my employment with this agency.

_____ _____
Signature Date

Date of inquiry: _____ Time of inquiry: _____ Operators Initials: _____
Purpose Code used: (check one)

	Civilian Employment with a Criminal Justice Agency (J) – Provides complete Georgia and III Criminal History Record Information except juvenile or restricted records and
	P.O.S.T. Certified Employment with a Criminal Justice Agency (Z) – Provides Georgia and III Criminal History Record Information including restricted records that contain completed first offender sentences for any offense.

In inquiry resulted in the following: (Check all that apply)

	No Georgia or III CHRI results available.
	Georgia / III CHRI attached / released.

	No NCIC / GCIC Warrant results available.
	Possible NCIC / GCIC Warrant. Contact Agency Listed Below.
Wanting Agency Name:	
Agency Telephone:	

_____ _____
Agency Designee Signature and Title Date

To: Sheriff Matthew L. Moulton
202 Carl Vinson Pkwy
Warner Robins, GA 31088

SIGNATURE **SSN**

PRINTED NAME **DRIVERS LICENSE STATE AND NUMBER**

PHYSICAL ADDRESS (No P.O. Boxes) **DOB**

CITY **STATE** **ZIP** **SEX** **RACE** **HGT** **WGT**

Accept this instrument as my personal request and authorization to conduct a comprehensive personal background investigation, including pending charges of any description, a complete traffic history, criminal history (including first offender status, if applicable). Credit history report, medical records, full and complete disclosure of educational institutions, financial statements and records, wherever filed; Veterans administration; employment and pre-employment records, including background reports, polygraph examinations or reports, efficiency rating, complaints or grievance by or against me. Furthermore, I voluntarily, FULLY CONSENT TO UNDERGO PHYSICAL EXAMINATION AND URINALYSIS DRUG SCREEN TESTING. I am fully aware, and consent that the information gathered in this screening process, be known to the officers and employees of the Houston County Sheriff's Office, as well as the officers and employees of the Houston County Personnel Department and the Georgia Peace Officers Standards and Training Council. I am aware that such information is required for application for P.O.S.T. certification, and employment with the Houston County Sheriff's Office. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. Therefore, I AGREE THAT THE INFORMATION ACQUIRED IN THIS INVESTIGATION BE USED FOR EMPLOYMENT, TERMINATION, OR DISCIPLINARY DETERMINATIONS, and that such information becomes a matter of public information and is accessible to the public under existing laws.

In consideration of making application for employment, and in complete understanding of the foregoing facts and possible results, I agree to hold to all elements of this release waiver, and further agree TO HOLD HARMLESS, SHERIFF MATTHEW L. MOULTON, AND ALL OTHER EMPLOYEES OF THE HOUSTON COUNTY SHERIFF'S OFFICE, AND HOUSTON COUNTY, FROM ANY CIVIL LIABILITY OF ANY KIND OR DESCRIPTION, INCLUDING ACT OF OMISSION OR COMMISSION.

This declaration is made freely and voluntarily without fear of punishment or promise of reward, and with full and complete understanding of the terms and consequences of my action.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain original writing of my signature.

Applicant Printed Name

Applicant Signature / Date

REFERENCE RELEASE STATEMENT / FORM

(To be emailed/mailed to the reference or completed by phone interview)

I authorize the addressed individual, company, or institution to furnish the Houston County Sheriff's Office with any information that they may have concerning me which they have on record or otherwise; and I release such individual, company, or institution and the Houston County Sheriff's Office from any and all liability for any damage whatsoever incurred in furnishing such information. A photocopy of my signature on this page will suffice as an original.

_____ _____

Applicant Printed Name Applicant Signature / Date

_____ _____

Witness Printed Name Witness Signature / Date

ATTESTATION

I attest, by my signature below, that all the information supplied by me in this Personal History Questionnaire is true and correct to the best of my knowledge. I understand that any material misstatement of fact or attempt to conceal any information will automatically disqualify me for employment as a Communication Deputy with the Houston County Sheriff's Office.

_____	_____
Applicant Printed Name	Applicant Signature / Date
_____	_____
Witness Printed Name	Witness Signature / Date

THIS APPLICATION WILL BE ACTIVE UNTIL THE CANDIDATE IS DECLARED INELIGIBLE OR FOR 6 MONTHS WHICHEVER COMES FIRST.

Clear Form

HOUSTON COUNTY
APPLICATION FOR EMPLOYMENT

It is the policy of Houston County to select new employees and to promote current employees without regard to race, sex, religion, national origin, marital status or disability.

INSTRUCTIONS: *You must answer all items on this application fully and accurately. The information that you give will be used in determining your qualifications and rating for employment. If an item does not apply to you, or if there is no information to be given, write the letters "N/A" for Not Applicable.* ***PRINT IN INK OR TYPE.*** *A resume may be attached BUT WILL NOT be accepted in lieu of this application. In order to be assured consideration for employment, your application must be received no later than the closing date of the vacancy announcement.*

Position(s) Desired:
(1) (2) (3)

Date:

_____ Full Time _____ Part Time _____ Temporary

Salary Desired:

PERSONAL DATA

Name: Last First Middle

Social Security Number

Address: No. & Street Apt. No. City, State, Zip

Telephone Numbers:
Home: Business:

Are you between the ages of 17 and 70?
☐ Yes ☐ No

U. S. Citizen or Permanent VISA
☐ Yes ☐ No If no, give work permit number:

Have you ever been convicted of a crime other than a minor traffic violation? (A conviction does not automatically exclude you from employment consideration ☐ Yes ☐ No
If yes, explain on a separate sheet.

Do you have a relative working for the county?
☐ Yes ☐ No If yes, give name(s) and relationship.

Have you ever been employed by Houston County? ☐ Yes ☐ No If yes, give dates, location and job classification:

Do you possess a valid motor vehicle Driver's License? ☐ Yes ☐ No Class _____ Lic No. _____

EDUCATION

	Name and Location	From Mo/Yr	To Mo/Yr	Highest Grade Completed	Did You Graduate	Type Degree	Major	Date Degree Obtained or To Be Obtained
High School								
College(s)								
(Other if Applicable)								
Graduate School								

MILITARY

Branch of U.S. Service _____ From Mo/Yr. _____ To Mo/Yr. _____ Rank _____

Major Duties: (Explain on separate sheet) _____

Honorable Discharge: _____ Yes _____ No (If no, explain on separate sheet)

Service Schools or special training (Explain on separate sheet) _____

Do you have a Reserve Obligation? _____ Yes _____ No (If yes, please describe) _____

EMPLOYMENT HISTORY: Please provide a complete employment history, listing all positions held, including **military,** part-time, summer, and volunteer. It is most important that you provide exact dates of employment, exact title or position, and detailed description of duties. If you held more than one position with an employer, please treat each position separately. This information will help determine eligibility. If submitting a resume, complete all information except Job Duties.

Were you ever discharged or asked to resign from any position? ☐ Yes ☐ No May we contact your present employer ☐ Yes ☐ No

(Begin with your present or most recent employer)

Name of Employer		Address	
Employment Dates (mo/yr) from ________ / _______ to ________ / _______	Salary __________ hrs/wk Starting: $ ________ per _____ Present: $ ________ per _____	Name and Title of Supervisor	Telephone Number
Position Title		Job Duties	
Reason for Leaving			
Name of Employer		Address	
Employment Dates (mo/yr) from ________ / _______ to ________ / _______	Salary __________ hrs/wk Starting: $ ________ per _____ Present: $ ________ per _____	Name and Title of Supervisor	Telephone Number
Position Title		Job Duties	
Reason for Leaving			
Name of Employer		Address	
Employment Dates (mo/yr) from ________ / _______ to ________ / _______	Salary __________ hrs/wk Starting: $ ________ per _____ Present: $ ________ per _____	Name and Title of Supervisor	Telephone Number
Position Title		Job Duties	
Reason for Leaving			

REFERENCES

List three references (NOT minors, relatives or former employers) who have known you well during the past few years.

NAME	ADDRESS	OCCUPATION	PHONE NO.	NO. YEARS KNOWN

CERTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

I CERTIFY that the information given by me in this application is true and complete to the best of my knowledge knowing that any false information, misrepresentation, or concealment of fact is sufficient grounds for my application to be rejected or, if employed, my employment terminated.

I UNDERSTAND AND AGREE that all information furnished in this application may be verified by the County. I further understand that any offer of employment may be revoked in the event a drug test, given by the County discloses information on me which is considered disqualifying. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give the Houston County Government all information relative to my employment, education and character, and hereby release such individuals, organizations, and Houston County from any liability for any claim or damage which may result.

Signature ______________________________ Date ______________________

Dear Applicant:

Houston County Board of Commissioners is an Equal Opportunity/Affirmative Action employer and subject to certain reporting and affirmative action requirements. The information required on this insert is requested only so that we may meet our Equal Opportunity/Affirmative Action obligations. Your completion of this form is purely voluntary and will not, in any way, affect your consideration for employment. This insert will be separated from your application and will be separately maintained.

Thank you for your assistance.

Position: _____
(*Job Title)*

How were you referred:

Ad _____
Walk-In _____
Web-Site _____
Agency (Specify) _____
Employee (Who?) _____

Please select the appropriate information for each category:

1. <u>Sex</u>:

_____ Male
_____ Female

2. <u>Ethnicity/Race</u>:

_____ American Indian or Alaska Native
_____ Asian
_____ Black or African American
_____ Hispanic
_____ Native Hawaiian or Other Pacific Islander
_____ White

_____

Applicant's Last Name *(please print)* **First** **Middle**

_____

No. & Street **City, State, Zip**

_____

Applicant's Signature **Date**