Floyd County Job Application

Employment of Relatives Restricted (Nepotism Policy)

To prevent preferential or discriminatory treatment in the workplace based upon family or dating relationships, the following policy shall apply to all positions under the Civil Service System and employees of Floyd County, Georgia:

1. No person who is a "family member" of the county manager shall be eligible for employment with the county.
2. No employee of the county shall be allowed to work under the immediate supervision or in the direct line of authority of a "family member" or someone with whom he or she is having a "dating relationship."
3. The term "immediate supervision" includes the responsibility and accountability for assigning work, evaluating performance, hiring, disciplining, or training.
4. The term "direct line of authority" includes an employee's immediate supervisor and each direct level of supervision all the way up to the top supervisory employee.
5. The term "family member" includes: spouse, parent, brother, sister, step-parent, child, step-child, grandparent, grandchild, or the same by relation of the employees' marriage.

FLOYD COUNTY

POST OFFICE BOX 946
ROME, GEORGIA 30161

—EMPLOYEE APPLICATION—

Position(s) Applied For:

1. *A.* _____ *B.* _____ *C.* _____
FULL TIME ☐ *PART TIME* ☐ *TEMP.* ☐

2. _____ 3. _____
LAST NAME *FIRST* *MIDDLE* *SOCIAL SECURITY NUMBER*

4. _____ 5. _____
ADDRESS – NUMBER AND STREET *HOME PHONE NUMBER*

_____ 6. _____
CITY *STATE* *ZIP CODE* *BUSINESS PHONE NUMBER*

7. When would you be available for employment? _____

8. What is the minimum salary you will accept? _____ per _____

9. Have you been employed previously by Floyd County? Yes ☐ No ☐

10. Have you ever filled out an application here before? Yes ☐ No ☐

11. Since your 17th birthday, have you been convicted of any violation of the law other than minor traffic violations?
Yes ☐ No ☐ *(A conviction will not necessarily exempt you from consideration for employment.)*
Explain any items to which you answered "yes" in this space.

_____

12. Have you ever been a member of the armed services? Yes ☐ No ☐
Type of discharge _____

13. Do you hold a current a current Georgia Driver's License? Yes ☐ No ☐ Type _____
Driver's License Number _____ State _____ Expiration Date _____

14. Do you have any relatives employed by Floyd County? Yes ☐ No ☐
If yes, give names and department _____

EDUCATION

15. Are you a high school graduate or do you hold a GED Certificate: Yes ☐ No ☐
If yes, name school _____ Date of Graduation _____

Date of GED _____

COMPLETE ONLY IF YOU HAVE ATTENDED TRADE SCHOOL AND/OR COLLEGE

16.

	SCHOOL NAME and ADDRESS	HOURS CREDIT	MAJOR	MINOR	DEGREE	GRAD.DATE
Business/Trade School						
College						
College						
Graduate School						

17. Do you hold a current Professional License (i.e. Physician, Teaching, Electrical, etc.)? Yes ☐ No ☐
If yes, Profession _____ License Number _____

EMPLOYMENT HISTORY

Use additional sheets if necessary. List most recent jobs first.

Employed: From_____ To_____ Total Years_____ Months_____

Starting Salary_____ per_____ Final Salary _____ per_____ Emp. Phone_____

Employer _____ Address_____

Kind of Business_____ Your Position_____

Specific Duties_____

Reasons for Leaving_____

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Employed: From_____ To_____ Total Years_____ Months_____

Starting Salary_____ per_____ Final Salary _____ per_____ Emp. Phone_____

Employer _____ Address_____

Kind of Business_____ Your Position_____

Specific Duties_____

Reasons for Leaving_____

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Employed: From_____ To_____ Total Years_____ Months_____

Starting Salary_____ per_____ Final Salary _____ per_____ Emp. Phone_____

Employer _____ Address_____

Kind of Business_____ Your Position_____

Specific Duties_____

Reasons for Leaving_____

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References (not relatives):

Name_____ Phone_____

Name_____ Phone_____

Name _____ Phone _____

I hereby certify that all statements made on this form 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.

Date_____ Signature_____

SUBSTANCE ABUSE COVERAGE FORM

I understand the following provisions pertaining to Floyd County's Substance Abuse Policies:

A. The use, possession, sale or distribution of alcohol, drugs or controlled substances in the workplace is strictly prohibited. For purposes of this policy, "drugs" or "controlled substances" include legal and illegal (street) drugs taken for non-medical reasons. It does not include prescription medication taken in accordance with a physician's instructions. The presence of such substances in my system during work hours places unacceptable risk and burden on the safe and efficient operation of my job, and consequently, is strictly forbidden.

B. As a condition of employment, I must pass a drug test, and as an employee will be subject to further types of testing including: random, post-accident, reasonable suspicion, return to duty, and follow-up. Whenever I am instructed by my supervisor, my department head, or a representative from the Human Resources Department to take a drug or alcohol test, I will be required to report to the designated testing facility within TWO (2) HOURS of the time I am instructed to go.

C. If arrested and/or convicted for off-the-job drug and alcohol activities, including driving under the influence, the County may take action against me, taking into consideration among other things, the nature of the charge, job assignment and record with the County.

D. My cooperation with, and adherence to, Floyd County policies and procedures regarding substance abuse are conditions of my continued employment. If I violate, or am insubordinate by refusing to cooperate with any of these policies and procedures, I am subject to discipline, up to and including discharge.

E. Refusal to undergo drug and alcohol tests following a work-related injury may affect or reduce my workers' compensation benefits under O. C. G. A. Sec. 34-9-17.

PRINTED NAME:	DATE:
SIGNITURE:	SOCIAL SECURITY #:_____-_____-_____

(Rev. 05/13)

HUMAN RESOURCES DEPARTMENT

TWELVE EAST 4TH AVENUE, SUITE 102 • POST OFFICE BOX 946 • ROME, GEORGIA 30162
PHONE: 706.291.5156 • FAX: 706.233.0014 • www.floydcountyga.org

I hereby authorize the Floyd County Police Department to release any and all criminal history record information pertaining to me, which may be in the files of any local and/or state criminal justice agency. I do hereby release the Floyd County Police Department and all personnel from any damages because of/or resulting from furnishing such information.

Please indicate below if this Criminal History check is for employment in any of the following areas:

( ) Public/Private School, Day Care, Child Welfare, any type child care;
( ) Mentally ill, and/or mentally retarded;
( ) Nursing Home, Personal care home, or other type elderly care;
( ) Criminal Justice Employment; or
( ) General Employment.

_____

Please Print:

Name: _____ Date of Birth: _____

Address: _____ Social Security #: _____

City: _____ State: _____ Place of Birth: _____

Sex: Male Female

Race: _____

For Official Use Only:
Do Not Write in This Space

_____ No Record Found
(No Printout Attached)
_____ See Attached Record

_____
Agency Signature

_____
Date

_____
Signature Date

_____
Notary Public

_____
My commission expires:

BOARD OF COMMISSIONERS
LARRY MAXEY, CHAIRMAN
RHONDA WALLACE, VICE-CHAIR
GARRY FRICKS
IRWIN BAGWELL
SCOTTY HANCOCK

ADMINISTRATION
LARRY JOHNSON, DIRECTOR