



APPLICATION FOR EMPLOYMENT
Office of Jody M. Higdon, Clerk of Courts
P.O. Box 551 / 384 Hancock Street
Madison, Georgia 30650
(706) 342-3605 * www.morganclerkofcourt.com

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT OR TYPE ALL INFORMATION

Position applied for _____ Date _____

How did you learn about the position? Advertisement Friend Walk-In

Employment Agency Relative Other: _____

Last Name First Name Middle Name

Address, Street, P.O. Box City State Zip Code

Telephone Number(s) Email Address

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO Describe any specialized training, apprenticeship, skills and job qualifications:

Have you ever filed an application with us before? YES NO

If YES, give date. _____
Please list any equipment you can operate:

May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? YES NO
(Proof of citizenship or immigration status will be required upon employment.)
List professional, trade, business or civic activities and offices held. (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

On what date would you be available for work?

Are you available to work: *(check all that apply)*
Full-Time Part-Time Temporary

Are you currently on "Lay-Off" status and subject to recall? YES NO
State any additional information you feel may be helpful to us in considering your application:

Have you been convicted of a felony within the last 7 years? YES NO
If YES, please explain:

EDUCATION

High School: _____

Years completed _____ Degree/Diploma _____

Undergraduate
College: _____

Years completed _____ Degree/Diploma _____

Graduate Professional: _____

Years completed _____ Degree/Diploma _____

EMPLOYMENT EXPERIENCE

Name of Employer Telephone No.

Address

Job Title Supervisor

Dates: From To Salary: From To

Reason for leaving

Name of Employer Telephone No.

Address

Job Title Supervisor

Dates: From To Salary: From To

Reason for leaving

Name of Employer Telephone No.

Address

Job Title Supervisor

Dates: From To Salary: From To

Reason for leaving

Name of Employer Telephone No.

Address

Job Title Supervisor

Dates: From To Salary: From To

Reason for leaving

REFERENCES

Name Phone No.

Address

Name Phone No.

Address

Name Phone No.

Address

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that Morgan County maintains a drug free workplace policy and that Morgan County requires that every newly hired employee be free of alcohol and other drug abuse. Each offer of employment shall be conditioned upon the passing of a breath, saliva, blood and/or urine test for alcohol and other drugs. I understand that the County will not hire any applicant who fails to pass the pre-employment alcohol and other drug tests. I understand that this employer participates in the E-Verify Program and that I must provide proper documentation that I am legally allowed to work in the United States.

Signature of Applicant Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: YES NO

Remarks: _____

Employed: YES NO

Date of Employment: _____

Job Title: _____

Department: _____

Hourly Rate/Salary: _____

BY: _____

Name and Title

Date

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize SUPERIOR COURT OF MORGAN COUNTY to conduct an inquiry for
Agency/Company
 the purpose listed below and receive any Georgia and/or national criminal history record information
 as authorized by state and federal law.

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

This authorization is valid for 90 days from date of signature.

I, _____, give consent to the above-named
 entity to perform periodic criminal history background checks for the duration of my employment.

 Signature Date

 Attorney for Individual (Pur E and U Only) Bar Number Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
<input type="checkbox"/>	F - Probate Court / Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

 Agency Designee Signature and Title

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Georgia Driver's History Consent Form

I hereby authorize the Morgan County Board of Commissioners & The Office of the Superior Court Clerk

to receive a copy of my Georgia driver's history information as part of my application for criminal justice employment, or for use relative to the performance of my official duties with this agency.

Full Name (Print)

Sex

Date of Birth

Driver's License Number

Signature

Date