

COMMUNICATIONS OFFICER APPLICATION PROCESS

ATTENTION APPLICANT

SUBMITTED APPLICATIONS AND/OR RESUMES MUST CONTAIN THE FOLLOWING INFORMATION BEFORE BEING CONSIDERED FOR EMPLOYMENT:

EMPLOYMENT HISTORY (No less than the last 5 years employment history)

- Complete Employer Name
- Current Mailing Address
- City, State & Zip Code

- Telephone numbers including area code
- Supervisor's name

REFERENCES (No less than 3 personal references – RELATIVES cannot be listed as a references)

- Name of reference
- Complete mailing address
- City, State & Zip Code
- Telephone Numbers including area code

Applications or resumes that do not provide **all** the required information will not be considered for employment.



FAYETTE COUNTY, GEORGIA
DEPARTMENT OF HUMAN RESOURCES
140 STONEWALL AVE., SUITE 212
FAYETTEVILLE, GA 30214
770.305.5418
770.305.5409 - JOB HOTLINE

2008 COMMUNICATIONS OFFICER ROSTER PLACEMENT TEST NOTIFICATION

APPLICATION DEADLINE: **5:00 p.m. April 18, 2008**

WRITTEN TEST: **9:00 a.m. April 25, 2008**
Fayette County Administrative Complex
140 Stonewall Avenue West
Suite 210
Fayetteville, GA 30214

INTERVIEW: **TBA**

SALARIES: **July 1, 2007**

| Position | Pay Grade | Salary Annual | Benefits | Full-time | Work Schedule | Expiration Date |
|------------------------------|------------------|----------------------|-----------------|------------------|-------------------------------|------------------------|
| Communication Officer | 811 | \$32,000.00 | Yes | Yes | 8 Hour Rotating Shifts | 4/18/08 |

Fayette County Application For Employment

2008

FAYETTE COUNTY BOARD OF COMMISSIONERS
 140 Stonewall Avenue West
 Human Resources Department, Suite 212
 Fayetteville, GA 30214
 770-305-5418: Jobline 770-305-5409
 770-719-5553 FAX
 Web Site - fayettecountyga.gov

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED AND TEST PARTICIPATION WILL NOT BE PERMITTED
(PRINT ALL INFORMATION)**

| | | | | | | |
|---------------------------|--|------------|------|-------|----------------------|--|
| Job(s) Title Applied For: | | | | | Date of Application: | |
| Last Name | | First Name | | | Middle Name | |
| Address: Number | | Street | City | State | Zip Code | |
| Telephone Number(s) Home | | Cell | Work | | | |

Resume attached? Yes
No

Have you ever been employed with us before? Yes
 If Yes, give date: _____ No

Are you prevented from lawfully becoming employed in Yes
 this country because of Visa or Immigration Status? No

Have you been convicted of a felony within the last 7 years? Yes
(Conviction will not necessarily disqualify an applicant from employment.) No

If Yes, please explain: _____

| Education | | | | |
|-----------------------|--------------------------|--------------------|----------------------------------|--|
| | Name & Address of School | Course(s) of Study | Years Completed & Diploma Degree | |
| Elementary School | | | | |
| High School | | | | |
| Undergraduate College | | | | |
| Graduate/Professional | | | | |
| Other (Specify) | | | | |

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Employment Experience

List your present or last job(s). Include any military service assignments. Please include complete addresses, phone numbers, and dates employed.

ALL COMPLETE INFORMATION REQUIRED

| | | | |
|--|-----------------------|-----------|--------------------------------------|
| 1 Employer | Dates Employed | | Duties & Responsibilities |
| | <u>From</u> | <u>To</u> | |
| Complete Address, City, State & Zip Code | | | |
| Area Code & Telephone Number(s) | | | |
| Position | Supervisor's Name | | |
| Reason for Leaving | | | |
| 2 Employer | Dates Employed | | Duties & Responsibilities |
| | <u>From</u> | <u>To</u> | |
| Complete Address, City, State & Zip Code | | | |
| Area Code & Telephone Number(s) | | | |
| Position | Supervisor's Name | | |
| Reason for Leaving | | | |
| 3 Employer | Dates Employed | | Duties & Responsibilities |
| | <u>From</u> | <u>To</u> | |
| Complete Address, City, State & Zip Code | | | |
| Area Code & Telephone Number(s) | | | |
| Position | Supervisor's Name | | |
| Reason for Leaving | | | |
| 4 Employer | Dates Employed | | Duties & Responsibilities |
| | <u>From</u> | <u>To</u> | |
| Complete Address, City, State & Zip Code | | | |
| Area Code & Telephone Number(s) | | | |
| Position | Supervisor's Name | | |
| Reason for Leaving | | | |
| 5 Employer | Dates Employed | | Duties & Responsibilities |
| | <u>From</u> | <u>To</u> | |
| Complete Address, City, State & Zip Code | | | |
| Area Code & Telephone Number(s) | | | |
| Position | Supervisor's Name | | |
| Reason for Leaving | | | |

| Describe any specialized training, skills or certifications. |
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| Describe any job-related training received in the US military. |
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| Describe any special job related skills & qualifications obtained from employment experience. |
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| (3)Non-Relative References REQUIRED | | |
|-------------------------------------|---|---------------------------|
| 1)First & Last Name: | Complete Address, City, State & Zip Code: | Area Code & Phone Number: |
| | | |
| 2)First & Last Name: | Complete Address, City, State & Zip Code: | Area Code & Phone Number: |
| | | |
| 3)First & Last Name: | Complete Address, City, State & Zip Code: | Area Code & Phone Number: |
| | | |

Note to Applicants: Do not answer this question unless you have been informed or have read the job description about the requirements of the job for which you are applying.

| | | |
|--|-----|--------------------------|
| Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |

I certify that the 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. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. 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, also, that I am required to abide by all rules and regulations of the employer. I further understand I will not receive any further communication regarding this application unless I am selected for an interview.

Signature of Applicant and Acknowledgement of Receipt of Study Guide, Instructions, and Test Dates:

Date:

Applicants are considered for all positions applied for without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

For Human Resources Department Use Only

Interview: Yes No

Interview Date:

Interviewer(s):

Comments:

Test Scores (if applicable):

Employed: Yes No

Date of Employment:

Job Title and Code:

Department:

Hourly Rate/Salary:

By:

Date:

FAYETTE COUNTY MARSHAL'S OFFICE CRIMINAL/DRIVER HISTORY CONSENT FORM



Date: _____

Case #: _____

Department: Human Resources/E-911

Reason: Communications Officer

Purpose Code: X (E) _____ (M) _____ (N) _____ (W) _____ (J) _____ (Z)

Purpose Codes:
 E-regular employment or working with:
 M-mentally disabled
 N-elder care
 W-w/children
 J-CJ non-sworn
 Z-CJ sworn

Approved

Not Approved

Dept. Discretion

*I HEREBY AUTHORIZE THE FAYETTE COUNTY MARSHAL'S OFFICE TO RECEIVE ANY CRIMINAL AND DRIVER HISTORY RECORD INFORMATION PERTAINING TO ME, WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA, OR ANY OTHER STATE. **PLEASE PRINT.***

| | | | |
|---------------------------------|--|--------------------------|--|
| FULL NAME: | | DOB: | |
| ADDRESS: | | | |
| SSN | | RACE | |
| | | SEX | |
| | | DRIVERS LICENSE # | |
| | | STATE | |
| SIGNATURE: | | | |
| NOTARY PUBLIC SIGNATURE: | | DATE: | |

CRIMINAL/DRIVER HISTORY INFORMATION

| | | | |
|--------------------------|--|---------------------|--|
| Reporting Deputy: | | Reviewed By: | |
|--------------------------|--|---------------------|--|



FAYETTE COUNTY MARSHAL'S OFFICE

Edward A. Collins, Marshal
770/461-5679

140 Stonewall Ave., West
Fayetteville, Georgia 30214

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Fayette County Public Safety Division, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, the records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed; employment and pre-employment records, including background reports, polygraph reports and charts; efficiency ratings complaints or grievances filed by or against me; and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Fayette County _____ E-911 _____. I also 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.

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

Signature: _____ SS #: _____

DATE: _____ DOB: _____

PRESENT ADDRESS _____

PREVIOUS ADDRESS _____

NOTARY _____

INFORMATION FOR REFERENCE CHECK
COMMUNICATIONS OFFICER

Please indicate any other names which would identify you:

Maiden _____

Married _____

Divorced _____

AKA _____

Name

Date