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PRE-EMPLOYMENT INQUIRY

THIS APPLICATION SHALL REMAIN ACTIVE FOR 90 DAYS. IF YOU WISH TO RENEW YOUR APPLICATION, YOU SHOULD NOTIFY THIS OFFICE AT (706) 439-6056 PRIOR TO THE 90 DAY EXPIRATION DATE.

I understand that this inquiry will be reviewed and my qualifications considered for possible job openings in the near future. If the County finds that my qualifications and employment background match a current opening, I will be contacted for further information.

NAME: Last: _____ First _____ Middle _____

Address: _____

City: _____ State: _____ Zip _____ Phone _____

Position Desired: _____

Wage Desired _____

Email Address: _____

AVAILABILITY:
Check all that apply:

Seasonal ___ Temporary ___ Full Time ___ Part Time ___

Hours/Shift Available _____ Days Available _____

I am willing to work 12 hour shifts _____ (initials)

EMPLOYMENT EXPERIENCE:

Present or most recent Employer name and contact number:

Dates Employed: From _____ to _____ Wages _____

Describe your position and primary Duties: _____

Reason For Leaving _____

Prior Employer/Position name and contact number:

Dates Employed: From _____ to _____ Wages _____

Reason for leaving _____

Prior Employer Position name and contact number:

Dates Employed: From _____ to _____ Wages _____

Reason for leaving _____

Prior Employer/Position name and contact number:

Dates Employed: From _____ to _____ Wages _____

Reason for leaving _____

CIRCLE THE NUMBER OF YEARS COMPLETED FOR EACH OF THE FOLLOWING:

High School 1 2 3 4 Vo-Tech 1 2 3 4

College 1 2 3 4 Post Graduation 1 2 3 4

List your Major or Primary area of study:

List any professional, vocational, or other training/skills relevant to the type of employment sought:

I agree to participate in any testing administered by the 911 Center that relates to my application. _____

(Initials)

I agree to take a pre-employment drug screen test at the direction of Union County Personnel. _____

(Initials)

Have you ever been arrested for a: Misdemeanor_____ Felony_____

Have you ever been convicted of a: Misdemeanor_____ Felony_____

Have you ever been arrested, convicted, or plead NOLO to DUI?_____

If you answered yes to either of the above questions, explain the charges and circumstances below:

Do you have any relatives working for Union County?_____

Do you have any friends or close relatives that have been convicted of any felony or DUI?_____

References:

Please list five references below:

Name: _____

Address: _____

Phone#: _____

Relationship: _____

Name: _____

Address: _____

Phone#: _____

Relationship: _____

Name: _____

Address: _____

Phone#: _____

Relationship: _____

Name: _____

Address: _____

Phone#: _____

Relationship: _____

Name: _____

Address: _____

Phone#: _____

Relationship: _____

BACKGROUND CHECKS:

Consent Form

I hereby give my consent for the _____
(Union County 911 Center)

to receive any Georgia 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

Signature

Date

Special employment provisions (check if applicable):

 Employment with criminal justice agency – civilian (Purpose code 'J')

 Employment with criminal justice agency – P.O.S.T. certified (Purpose code 'Z')

One of the following must be checked:

 This authorization is valid for 90/180/_____ (circle one) days from date of signature.

 I, _____ give consent to the above named Agency to perform periodic criminal history background checks for the duration of my employment with this agency.

I hereby declare that all the information furnished in this application is true, accurate, and complete to the best of my knowledge.

Signature

Date

All individuals considered for employment are evaluated without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a disability, or any other legally protected status.