



David Dyer  
Director

UNION COUNTY E-911/Mapping  
76 D HUNT MARTIN ST.  
BLAIRSVILLE, GEORGIA 30512  
706-439-6056

Lt. Amelia Baxter  
Operational Manager

Phone(706) 439-6061

uc911admin@uniongov.com

Fax (706) 745-4399

## 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:

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

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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:

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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 E911 Communications Center to receive any Georgia or III criminal history record information and/or Drivers History record 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

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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.**