

GENEVA COUNTY

APPLICATION FOR EMPLOYMENT

Mailing Address:
 Attn: Personnel Department
 Geneva County Commission Office
 P O Box 430
 Geneva, AL 36340

Applicants will receive consideration without discrimination because of race, religion, color, sex, age, nation origin or disability.

POSITION APPLIED FOR: **CORRECTIONAL OFFICER- (Full-Time Position)** DATE: _____

NAME: _____ SOCIAL SECURITY NO: _____
Last First Middle

ADDRESS _____
No. Street City State Zip

Are you a U. S. Citizen? _____ Are you prevented from lawfully becoming employed in this country because of VISA or Immigration status? YES _____ NO _____

Driver License #: _____ regular _____ CDL: A ___ B ___ None _____

Phone # where you can be contacted: _____

EDUCATION	High School name & address	College Name & address	Graduate/Professional training
Number of Years Completed			
Diploma/degree & year (include copy of Diploma or GED)			

YOU MAY SUBMIT A RESUME; BUT YOU MUST COMPLETE ALL OF APPLICATION TO BE CONSIDERED FOR THE JOB.

Describe special training, special skills, licenses and extra curricular activities that may qualify you for the position you are applying for and also status of vehicles or insurance on personal vehicle needed to qualify for this position.

Special Consideration

You may inform us if you have a disability requiring accommodation. State any additional information you feel would be helpful to us in considering your application.

START WITH YOUR PRESENT OR LAST JOB.
 Include military service or volunteer work.
 Exclude organizations which indicate race,
 religion, sex, or national origin.

Employment Experience

1. Present Employer		Dates employed From: To:	Job Title:
Employer's Address:			
Describe work performed:			
Supervisor's - Name	Address:	Phone number:	
Reason for leaving:			
2. Employer		Dates employed From: To:	Job Title:
Employer's Address:			
Describe work performed:			
Supervisor's - Name	Address:	Phone number:	
Reason for leaving:			
3. Employer		Dates employed From: To:	Job Title:
Employer's Address:			
Describe work performed:			
Supervisor's- Name	Address	Phone number:	
Reason for leaving:			

4. Employer	Dates employed From: To:	Job Title:
Employer's Address:		
Describe work performed:		
Supervisor's -Name	Address	Phone number:
Reason for leaving:		

Personal References (Not former employers or relatives) who can attest to your character & job experience.

Name: _____

Name: _____

Phone# _____

Phone# _____

Address _____

Address _____

Name: _____

Phone# _____

Address _____

Geneva County is an Equal Opportunity Employer. The county does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

AUTHORIZATION AND RELEASE

(Please Read Carefully)

Geneva County is a drug free workplace. We do pre-employment and random drug testing of safety-sensitive position applicants and employees.

I understand that all appointments offered me will be contingent upon the results of a physical examination and pre-employment drug screen for a safety sensitive position. I am aware that willfully withholding information or making false statements on the application will be a basis for denial of a position prior to employment, or will be grounds for dismissal after appointment. I agree that this application and all other papers shall be confidential records for the Personnel Board subject to inspection by the appointing authority.

I understand that any information I give may be investigated as allowed by law. I give the County the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the County and their representatives from seeking this information, and all other persons, corporations or organizations for furnishing such information.

I understand that just as I am free to resign at any time, the County reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the County has the authority to make any assurances to the contrary.

I **certify** that to the best of my knowledge and belief, all my statements on employment application and related employment papers are true, correct, and complete, and made in good faith.

A copy of this authorization shall be effective and valid as the original.

Signature (sign in dark ink)

Date signed

SUBMISSION PROCEDURES: Mail, FAX or submit in person.

1. Complete this form and SIGN to be mailed to the Geneva County Personnel Department, P O Box 430, Geneva, AL 36340.
2. You may complete, SIGN and fax application to 334-684-5654 in lieu of mailing.
3. You may complete this form, SIGN and return to the Personnel Department at the Courthouse.

MUST BE COMPLETED OR YOUR APPLICATION CANNOT BE CONSIDERED.

SECURITY/CONTROL PROCEDURES. DESCRIBE EACH YOU HAVE EXPERIENCE IN OR ENTER THE WORD "NONE"

- A. Training in above procedures-
- B. Experience enforcing above procedures-
- C. Training in using weapons in above procedures-

JAIL OPERATIONS OR SIMILAR OPERATION. DESCRIBE EACH AREA YOU HAVE EXPERIENCE IN.

- A. Training in jail operation-
- B. CPR Training – provide dates and certificates or enter none.
- C. Tell us your experience keeping records for any job, i.e., logs, write-ups of happenings, processing orders, etc.

COMMUNICATIONS OPERATIONS

Can you operate a two-way radio? Yes ___ No ___. Do you know the Standard 10 Code? Yes ___ No ___

EXHIBITED CAPABILITY

- A. Job stability, i.e. List jobs you've held for 1 yr or longer.
- B. List jobs you've held where responsibility was placed on you. Tell how.
- C. Describe Cultural Diversity Awareness training or on job experience dealing with other races/religions/etc.

FOOD SERVICE/PREPARATION.

List all training or experience in food preparation/serving or cleanliness training.

COMPUTER EXPERIENCE.

List all computer applications (hardware or software programs) you can operate.

EDUCATION: Copy of GED Certificate or High School Diploma must be attached.

High School Graduate ___ 2-year College Graduate ___ 4-year College Graduate ___
GED Certificate of Completion ___

This position requires a State & national fingerprint-based records check. I hereby grant permission for the state & national record check for felony or first degree misdemeanor offenses convictions.

Signature: _____ Date: _____