

# **EMPLOYMENT OF RELATIVES RESTRICTED**

In order to prevent conflict of interest. The following restrictions shall apply to all positions under the Civil Service System and employees of Floyd County, Georgia:

No person who is related by blood or marriage within the extended family of a County Commissioner, County Manager, County clerk, and Human Resources director shall be eligible to and/or employment by Floyd county, Georgia, in any position with said County. Any person who is employed by Floyd County, Georgia at the time of the passage of this change and/or amendment shall be unaffected by said amendment.

No other employee of the same extended family of any other employee of Floyd County, Georgia may be employed within the same department wherein the initial employee is working at the time.

Extended family shall be defined as follows: husband, wife, children, parents, brothers, sisters and parents-in-laws, Under unusual circumstances, the governing authority may make exceptions to the employment of relative consistent with the law.

# FLOYD COUNTY

POST OFFICE BOX 946  
ROME, GEORGIA 30161

## —EMPLOYEE APPLICATION—

Position(s) Applied For:

1. A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_  
FULL TIME  PART TIME  TEMP.

2. \_\_\_\_\_ 3. \_\_\_\_\_  
LAST NAME FIRST MIDDLE SOCIAL SECURITY NUMBER

4. \_\_\_\_\_ 5. \_\_\_\_\_  
ADDRESS - NUMBER AND STREET HOME PHONE NUMBER

\_\_\_\_\_ 6. \_\_\_\_\_  
CITY STATE ZIP CODE BUSINESS PHONE NUMBER

7. When would you be available for employment? \_\_\_\_\_

8. What is the minimum salary you will accept? \_\_\_\_\_ per \_\_\_\_\_

9. Have you been employed previously by Floyd County? Yes  No

10. Have you ever filled out an application here before? Yes  No

11. Since your 17<sup>th</sup> birthday, have you been convicted of any violation of the law other than minor traffic violations?

Yes  No  (A conviction will not necessarily exempt you from consideration for employment.)

Explain any items to which you answered "yes" in this space.

\_\_\_\_\_

12. Have you ever been a member of the armed services? Yes  No

Type of discharge \_\_\_\_\_

13. Do you hold a current Georgia Driver's License? Yes  No  Type \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

14. Do you have any relatives employed by Floyd County? Yes  No

If yes, give names and department \_\_\_\_\_

### EDUCATION

15. Are you a high school graduate or do you hold a GED Certificate: Yes  No

If yes, name school \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Date of GED \_\_\_\_\_

COMPLETE ONLY IF YOU HAVE ATTENDED TRADE SCHOOL AND/OR COLLEGE

16.	SCHOOL NAME and ADDRESS	HOURS CREDIT	MAJOR	MINOR	DEGREE	GRAD.DATE
Business/Trade School						
College						
College						
Graduate School						

17. Do you hold a current Professional License (i.e. Physician, Teaching, Electrical, etc.)? Yes  No

If yes, Profession \_\_\_\_\_ License Number \_\_\_\_\_

# EMPLOYMENT HISTORY

Use additional sheets if necessary. List most recent jobs first.

Employed: From \_\_\_\_\_ To \_\_\_\_\_ Total Years \_\_\_\_\_ Months \_\_\_\_\_

Starting Salary \_\_\_\_\_ per \_\_\_\_\_ Final Salary \_\_\_\_\_ per \_\_\_\_\_ Emp. Phone \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Kind of Business \_\_\_\_\_ Your Position \_\_\_\_\_

Specific Duties \_\_\_\_\_

Reasons for Leaving \_\_\_\_\_

=====

Employed: From \_\_\_\_\_ To \_\_\_\_\_ Total Years \_\_\_\_\_ Months \_\_\_\_\_

Starting Salary \_\_\_\_\_ per \_\_\_\_\_ Final Salary \_\_\_\_\_ per \_\_\_\_\_ Emp. Phone \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Kind of Business \_\_\_\_\_ Your Position \_\_\_\_\_

Specific Duties \_\_\_\_\_

Reasons for Leaving \_\_\_\_\_

=====

Employed: From \_\_\_\_\_ To \_\_\_\_\_ Total Years \_\_\_\_\_ Months \_\_\_\_\_

Starting Salary \_\_\_\_\_ per \_\_\_\_\_ Final Salary \_\_\_\_\_ per \_\_\_\_\_ Emp. Phone \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Kind of Business \_\_\_\_\_ Your Position \_\_\_\_\_

Specific Duties \_\_\_\_\_

Reasons for Leaving \_\_\_\_\_

=====

References (not relatives):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

I hereby certify that all statements made on this form are true to the best of my knowledge. I fully realize that should an investigation disclose any misrepresentation, I will be subject to immediate dismissal.

Date \_\_\_\_\_ Signature \_\_\_\_\_

## **SUBSTANCE ABUSE COVERAGE FORM**

I understand the following provisions pertaining to Floyd County's Substance Abuse Policies:

A. The use, possession, sale or distribution of alcohol, drugs or controlled substances in the workplace is strictly prohibited. For purposes of this policy, "drugs" or "controlled substances" include legal and illegal (street) drugs taken for non-medical reasons. It does not include prescription medication taken in accordance with a physician's instructions. The presence of such substances in my system during work hours places unacceptable risk and burden on the safe and efficient operation of my job, and consequently, is strictly forbidden.

B. As a condition of employment, I must pass a drug test, and as an employee will be subject to further types of testing including: random, post-accident, reasonable suspicion, return to duty, and follow-up. Whenever I am instructed by my supervisor, my department head, or a representative from the Human Resources Department to take a drug or alcohol test, I will be required to report to the designated testing facility within TWO (2) HOURS of the time I am instructed to go.

C. If arrested and/or convicted for off-the-job drug and alcohol activities, including driving under the influence, the County may take action against me, taking into consideration among other things, the nature of the charge, job assignment and record with the County.

D. My cooperation with, and adherence to, Floyd County policies and procedures regarding substance abuse are conditions of my continued employment. If I violate, or am insubordinate by refusing to cooperate with any of these policies and procedures, I am subject to discipline, up to and including discharge.

E. Refusal to undergo drug and alcohol tests following a work-related injury may affect or reduce my workers' compensation benefits under O. C. G. A. Sec. 34-9-17.

---

SIGNATURE

---

DATE

---

SOCIAL SECURITY NUMBER



# FLOYD COUNTY, GEORGIA

## HUMAN RESOURCES

I hereby authorize the Floyd County Police Department to release any and all criminal history record information pertaining to me which may be in the files of any local and/or state criminal justice agency. I do hereby release the Floyd County Police Department and all personnel from any damages because of/or resulting from furnishing such information.

*Larry Johnson*  
Director

*Mike Moldavan*  
Safety/Work. Comp

*Sharon Kisor*  
Payroll

*Kenberley Crawford*  
Admin. Asst.

*Christina Lucas*  
Technician

*Sandra Fowler*  
Payroll

*Tracy Hardy*  
Training

Please indicate below if this Criminal History check is for employment in any of the following areas:

- ( ) Public/Private School, Day Care, Child Welfare, any type child care;
- ( ) Mentally ill, and/or Mentally retarded;
- ( ) Nursing Home, Personal care home, or other type elderly care;
- ( ) Criminal Justice Employment; or
- ( ) General Employment.

Please Print

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Sex: Male Female

Race: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

My commission expires

For Official Use Only  
Do Not Write in This Space

\_\_\_\_\_  
No Record Found  
(No Printout Attached)

\_\_\_\_\_  
See Attached Record

\_\_\_\_\_  
Agency Signature

\_\_\_\_\_  
Date

◆ POST OFFICE BOX 946 ◆ ROME, GEORGIA 30162-0946  
PHONE (706) 291-5156 ◆ FAX (706) 233-0014 ◆ [www.floydcountyga.org](http://www.floydcountyga.org)