



Lowndes County Board of Commissioners
 Lowndes County, Georgia
 327 N. Ashley Street / Valdosta, GA 31601

Lowndes County Board of Commissioners
Department of Human Resources

Post Office Box 1349 / Valdosta, GA 31603-1349 / (229) 671-2400

APPLICATION FOR EMPLOYMENT

LOWNDES COUNTY ACCEPTS APPLICATIONS FOR POSITIONS POSTED VIA JOB ANNOUNCEMENT AND / OR ADVERTISEMENT ONLY. UNSOLICITED APPLICATIONS WILL BE VOIDED.

HOW TO APPLY: Applications for employment must be made on the county's official application form, LC-100 - "Application for employment." Resumes by themselves do not satisfy this requirement. Completed applications are to be turned in at the Georgia Department of Labor, 221 South Ashley Street, Valdosta, Georgia 31601, phone (229) 333-5211, or can be mailed to the Lowndes County Board of Commissioners Human Resources Department at P.O. Box 1349, Valdosta, Georgia 31603.

Lowndes County will continue to list available positions online as well as a printable application. Printed applications should be forwarded to the addresses above.

For special communication needs, please refer to the Department of Human Resources at (229) 671-2410.

POSITION APPLYING FOR	JOB ANNOUNCEMENT NUMBER
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INSTRUCTIONS: Please print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, be sure to include your name, the position title, and the announcement number. You may also attach copies of documents or certificates which support your application. All materials submitted become the property of the County and will not be returned. Nothing can be added to your application after the announcement period has closed. All statements made on this application are subject to verification. Exaggerated, false or misleading statements may be cause for rejection of the application and/or termination of employment. **THIS APPLICATION MUST BE SIGNED ON THE LAST PAGE OR IT WILL BE VOIDED.**

1. PRESENT LEGAL NAME

Last Name	First Name	M.I.
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2. SOCIAL SECURITY NUMBER

- ## - _ _ _ _

3. WHEN AVAILABLE FOR EMPLOYMENT

If you require assistance with testing due to disability, please notify our staff.

4. HOME TELEPHONE NUMBER

Area Code	Number
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OTHER TELEPHONE NUMBER

Area Code	Number
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5. DRIVER'S LICENSE

Do you have a valid Georgia license? ___ Yes ___ No

License Type: ___ Operator ___ CDL ___ Class

Endorsement Code _____

_____ License # State Exp. Date

6. PRESENT ADDRESS

Street Address	Apt. #
City	State Zip Code

How long have you lived at present address? Years _____ Months _____

7. PREVIOUS ADDRESS

Street Address	Apt. #
City	State Zip Code

How long did you live at this address? Years _____ Months _____

(Job 3) Previous Job					
From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.

Hours per Week _____

Starting Salary \$ _____ per _____

Last Salary \$ _____ per _____

Employer _____

Address _____

Telephone Number _____

Your Job Title _____

Supervisor's Name and Title _____

Reason for Leaving Position _____

Specific Duties _____

Number of employees supervised (if applicable) _____

(Job 4) Previous Job					
From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.

Hours per Week _____

Starting Salary \$ _____ per _____

Last Salary \$ _____ per _____

Employer _____

Address _____

Telephone Number _____

Your Job Title _____

Supervisor's Name and Title _____

Reason for Leaving Position _____

Specific Duties _____

Number of employees supervised (if applicable) _____

10. LIST ALL PERIODS OF UNEMPLOYMENT DURING THE PAST 10 YEARS

From		To		Explanation
Mo.	Yr.	Mo.	Yr.	

11. SPECIFIC SKILLS – List below the job number (1-4) from your Employment Record (Section 9) and total number of months of experience in **skillfully** operating the equipment and/or total number of months of substantial experience in craft(s), trade(s), or technical profession(s).

Job Number	List of Office & Related Equipment Operated	No. of Months	List of All Other Equipment Operated	No. of Months

12. List membership(s) in professional, job-related organizations _____

13. List any active professional, technical, occupational licenses or certificates and registrations you now hold _____

14. List awards, commendations, or other recognition received for outstanding achievement in school, military service, your work, or civic duties _____



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EQUAL EMPLOYMENT OPPORTUNITY INFORMATION FORM

The following is requested on a voluntary basis. The information you provide will not be sent to department unit you are referred to for employment consideration. Information provided on this form will not aid or hinder your chances of being employed.

Date: _____

Social Security Number: _____

Name: _____

Job/Position Applied for: _____

Date of Birth: _____

Sex: _____ Female _____ Male

Race / Ethnic Categories (Check One)

_____ **WHITE** (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

_____ **BLACK** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

_____ **HISPANIC**: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

_____ **ASIAN OR PACIFIC ISLANDER**: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for examples, China, Japan, Korea, the Philippine Islands and Samoa.

_____ **AMERICAN INDIAN OR ALASKAN NATIVE**: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

(OPTIONAL) If you are handicapped or disabled, please specify:

