



**APPLICATION FOR EMPLOYMENT**  
**Office of Jody M. Higdon, Clerk of Courts**  
**P.O. Box 551 / 384 Hancock Street**  
**Madison, Georgia 30650**  
**(706) 342-3605 \* [www.morganclerkofcourt.com](http://www.morganclerkofcourt.com)**

**We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.**

**PLEASE PRINT OR TYPE ALL INFORMATION**

\_\_\_\_\_  
Position applied for \_\_\_\_\_  
Date

\*\*\*\*\*  
How did you learn about the position?      Advertisement      Friend      Walk-In  
  
Employment Agency      Relative      Other: \_\_\_\_\_  
\*\*\*\*\*

\_\_\_\_\_  
Last Name      First Name      Middle Name

\_\_\_\_\_  
Address, Street, P.O. Box      City      State      Zip Code

\_\_\_\_\_  
Telephone Number(s)      Email Address

\*\*\*\*\*  
If you are under 18 years of age, can you provide required  
proof of your eligibility to work?    YES    NO      Describe any specialized training, apprenticeship, skills and  
job qualifications:  
\_\_\_\_\_

Have you ever filed an application with us before?  
YES      NO      \_\_\_\_\_

If YES, give date. \_\_\_\_\_  
Please list any equipment you can operate:  
\_\_\_\_\_

May we contact your present employer?  
YES      NO      \_\_\_\_\_

Are you prevented from lawfully becoming employed in this  
country because of Visa or Immigration Status?  
YES      NO      \_\_\_\_\_  
(Proof of citizenship or immigration status will be required  
upon employment.)  
List professional, trade, business or civic activities and offices  
held. (You may exclude membership which would reveal  
gender, race, religion, national origin, age, ancestry, disability  
or other protected status.)  
\_\_\_\_\_

On what date would you be available for work?  
\_\_\_\_\_

Are you available to work: *(check all that apply)*  
Full-Time      Part-Time      Temporary      \_\_\_\_\_

Are you currently on "Lay-Off" status and subject to recall?  
YES      NO      State any additional information you feel may be helpful to us  
in considering your application:  
\_\_\_\_\_

Have you been convicted of a felony within the last 7 years?  
YES      NO      \_\_\_\_\_  
If YES, please explain:  
\_\_\_\_\_

**EDUCATION**

High School: \_\_\_\_\_

Years completed \_\_\_\_\_ Degree/Diploma \_\_\_\_\_  
\*\*\*\*\*

Undergraduate  
College: \_\_\_\_\_

Years completed \_\_\_\_\_ Degree/Diploma \_\_\_\_\_  
\*\*\*\*\*

Graduate Professional: \_\_\_\_\_

Years completed \_\_\_\_\_ Degree/Diploma \_\_\_\_\_  
\*\*\*\*\*

**EMPLOYMENT EXPERIENCE**

\_\_\_\_\_  
Name of Employer Telephone No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Job Title Supervisor

\_\_\_\_\_  
Dates: From To Salary: From To

\_\_\_\_\_  
Reason for leaving

\*\*\*\*\*

\_\_\_\_\_  
Name of Employer Telephone No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Job Title Supervisor

\_\_\_\_\_  
Dates: From To Salary: From To

\_\_\_\_\_  
Reason for leaving

\*\*\*\*\*

\_\_\_\_\_  
Name of Employer Telephone No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Job Title Supervisor

\_\_\_\_\_  
Dates: From To Salary: From To

\_\_\_\_\_  
Reason for leaving

\*\*\*\*\*

\_\_\_\_\_  
Name of Employer Telephone No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Job Title Supervisor

\_\_\_\_\_  
Dates: From To Salary: From To

\_\_\_\_\_  
Reason for leaving

**REFERENCES**

\_\_\_\_\_  
Name Phone No.

\_\_\_\_\_  
Address  
\*\*\*\*\*

\_\_\_\_\_  
Name Phone No.

\_\_\_\_\_  
Address  
\*\*\*\*\*

\_\_\_\_\_  
Name Phone No.

\_\_\_\_\_  
Address  
\*\*\*\*\*

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that Morgan County maintains a drug free workplace policy and that Morgan County requires that every newly hired employee be free of alcohol and other drug abuse. Each offer of employment shall be conditioned upon the passing of a breath, saliva, blood and/or urine test for alcohol and other drugs. I understand that the County will not hire any applicant who fails to pass the pre-employment alcohol and other drug tests. I understand that this employer participates in the E-Verify Program and that I must provide proper documentation that I am legally allowed to work in the United States.

\_\_\_\_\_  
Signature of Applicant Date  
\*\*\*\*\*

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview: YES NO

Remarks: \_\_\_\_\_

Employed: YES NO

Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Hourly Rate/Salary: \_\_\_\_\_

BY: \_\_\_\_\_

Name and Title

Date

**Georgia Bureau of Investigation  
Georgia Crime Information Center**

**Consent Form**

I hereby authorize Morgan County Board of Commissioners & Office of the Superior Court Clerk to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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I, \_\_\_\_\_, give consent to the above named to perform periodic criminal history background checks for the duration of my employment with the Morgan County Board of Commissioners.

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**SPECIAL CONDITIONS**

**O.C.G.A. 35-3-35 IF AN ADVERSE EMPLOYMENT OR LICENSING DECISION IS MADE AGAINST THE PERSON WHOSE RECORD WAS OBTAINED UNDER THIS LAW, THE PERSON SHALL BE INFORMED:**

1. THAT A RECORD WAS OBTAINED,
2. THE SPECIFIC CONTENTS OF THE RECORDS, AND, THE EFFECT THE RECORD HAD UPON THE DECISION.

**FAILURE TO PROVIDE THIS INFORMATION TO THE PERSON SUBJECT TO THE ADVERSE DECISION SHALL BE A MISDEMEANOR.**

**G.C.I.C. REVISED (11/05)**

**Georgia Bureau of Investigation  
Georgia Crime Information Center**

**Georgia Driver's History Consent Form**

I hereby authorize the Morgan County Board of Commissioners & The Office of the Superior Court Clerk

to receive a copy of my Georgia driver's history information as part of my application for criminal justice employment, or for use relative to the performance of my official duties with this agency.

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date