

OFFICE OF  
**COFFEE COUNTY BOARD OF COMMISSIONERS**

Coffee County Courthouse

**101 S. PETERSON AVENUE**

**DOUGLAS, GEORGIA**

**(912) 384-4799**

**Fax (912) 384-0291**

JIMMY KITCHENS, CHAIRMAN  
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PRINCESS LEGGETT, Deputy Clerk  
ABBY PAULK, Secretary  
TRACIE VICKERS, Secretary

Dear Applicant:

Thank you for choosing Coffee County to help you meet your employment and career goals. We appreciate the time you are taking to complete our standard application process.

Coffee County is committed to providing a safe and comfortable environment for citizens and their families, as well as offering all employees the security of knowing their coworkers are as trustworthy, safety oriented and drug-free as they are.

In order to meet these safety and security goals, Coffee County conducts a thorough background screening. If you are considered for employment, please note that some or all of the following employment screenings will be performed:

Coffee County *will conduct* a CRIMINAL RECORDS CHECK  
Coffee County *will contact* PREVIOUS EMPLOYERS & EDUCATION OFFICIALS  
Coffee County *will verify* PROFESSIONAL LICENSE & CREDENTIALS (if appropriate)  
Coffee County *will check* your DRIVING RECORD  
Coffee County *may request* additional levels of background screening when appropriate.

If there are any issues in your past that need to be resolved before Coffee County initiates this background screening, please discuss them with us or let us know that you are not ready for us to complete the essential process.

Again, thank you for considering Coffee County.

**PLEASE KEEP THIS PAGE AND  
RETURN ONLY THE NEXT THREE PAGES OF THE APPLICATION.**

# COFFEE COUNTY COMMISSIONERS

Douglas, GA

## PRE- EMPLOYMENT APPLICATION

1. Date \_\_\_\_\_
2. Name: \_\_\_\_\_  
(Last) (First) (Middle)
3. Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_
4. POSITION APPLIED FOR: \_\_\_\_\_
5. Are you PRESENTLY an Employee of the County of Coffee? \_\_\_ Yes \_\_\_ No
6. Have you EVER been employed by the County of Coffee? \_\_\_ Yes \_\_\_ No  
If YES, in \_\_\_\_\_ Department,  
From, \_\_\_\_\_ To \_\_\_\_\_
7. Are you available for work (check all that apply) \_\_\_ Full-time \_\_\_ Part-time
8. Did you graduate from High School? \_\_\_ Yes \_\_\_ No  
If NO, do you have a G.E.D. certificate? \_\_\_ Yes \_\_\_ No
9. Secondary Education- Colleges and Schools after high school.

Name of College or School	Yrs. Attended	Graduate	Major
		Y N	
		Y N	
		Y N	

10. Military Service: From \_\_\_\_\_ To: \_\_\_\_\_
11. Have you ever been convicted of a felony? \_\_\_ Yes \_\_\_ No

If yes, furnish details as to the date, places, nature of offense and penalties:

\_\_\_\_\_  
\_\_\_\_\_

12. Do you have current and valid driver's license?  Yes  No Class \_\_\_\_\_

Commercial License?  Yes  No

13. Special Skills:

Typewriting/ Keyboard \_\_\_\_\_ wpm

Multi-lingual (Languages: \_\_\_\_\_)

Other \_\_\_\_\_

14. May we contact your present employer?  Yes  No

(Be advised if you become a finalist for the position, we *must* contact your employer.)

15. Experience

From _/_/___	To _/_/___	Your Job Title: _____  Last Salary: _____ Your Duties: _____	Employer's Name:  Address:  Reason for Leaving:
From _/_/___	To _/_/___	Your Job Title: _____  Last Salary: _____ Your Duties: _____	Employer's Name:  Address:  Reason for Leaving:
From _/_/___	To _/_/___	Your Job Title: _____  Last Salary: _____ Your Duties: _____	Employer's Name:  Address:  Reason for Leaving:
From _/_/___	To _/_/___	Your Job Title: _____  Last Salary: _____ Your Duties: _____	Employer's Name:  Address:  Reason for Leaving:

16. Personal References: List three references, preferably including an employer and a character reference which we have your permission to contact.

A. \_\_\_\_\_  
Name Address Phone

B. \_\_\_\_\_  
Name Address Phone

C. \_\_\_\_\_  
Name Address Phone

PLEASE FILL OUT COMPLETELY. INFORMATION USED TO CONDUCT A COMPLETE CRIMINAL AND DRIVER'S HISTORY FROM GCIC/NCIC.

\_\_\_\_\_  
PRINT Full Name

D.O.B. \_\_\_\_\_

S. S. # \_\_\_\_\_ Driver's License # \_\_\_\_\_

\_\_\_\_ Male    \_\_\_\_ Female                      Race \_\_\_\_\_

PLEASE READ CAREFULLY  
APPLICANT'S CERTIFICATION AND AGREEMENT

Using the above information, I hereby authorize Coffee County to obtain a complete Criminal and Driver's History from GCIC/NCIC. This information being for employment purposes with Coffee County.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that false statement of facts on this application constitute grounds for refusal of employment and grounds for dismissal should the falsity of the statements be determined following the date of my employment. I authorize the Coffee County Commission to investigate my personal and employment history to determine my qualifications and fitness for the position applied for.

I agree to a pre-employment drug test and also a drug test may be administered randomly. I will agree to a drug test at any time I am requested to do so by my superior.

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

Thank you for applying for a job with the Coffee County Commission, we are,

Sincerely,

THE COFFEE COUNTY COMMISSION

COFFEE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

COFFEE COUNTY IS A DRUG-FREE WORKPLACE.

APPLICANTS MAY BE SUBJECT TO ALCOHOL OR DRUG TESTING.