



## EMPLOYMENT APPLICATION

Pike County Parks & Recreation Authority  
P.O. Box 697  
Zebulon, Georgia 30295  
770-567-2027

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### A. PCPRA STATUS AS AN EMPLOYER

I understand that Pike County Parks & Recreation Authority is an “at-will” employer, meaning that the employment relationship may be terminated by either the organization or the employee with or without cause and with or without notice. Nothing set forth herein is intended to grant or convey any contractual or otherwise enforceable right to continued employment or to otherwise alter or affect Pike County Parks & Recreation Authority’s status as an “at-will” employer.

### B. INFORMATION REQUIREMENT

I understand that the PCPRA requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. I understand that false, incomplete, or misleading statements on this application may be considered sufficient cause for dismissal, if and when discovered. I understand that the PCPRA will attempt to verify statements on my application and made during the interview.

### C. AUTHORIZATION TO RELEASE EMPLOYMENT REFERENCE INFORMATION

I authorize Pike County Parks & Recreation Authority to contact references and former employers as indicated, and I authorize my previous employers to verify the information on this application and given during the interview process.

### D. CONSENT TO PHYSICAL EXAMINATIONS

I consent to pre-employment physical examination and will, upon request, sign all necessary forms. I understand such physical examination may include medical screening/testing for drug and alcohol abuse. I will sign the medical history release forms necessary so Pike County Parks & Recreation Authority may complete its background check on my physical condition and suitability for employment or correct job placement.

### E. I AGREE TO SUBMIT TO A DRUG TEST AS REQUIRED

### F. I AGREE TO SUBMIT TO A PRE EMPLOYMENT CRIMINAL HISTORY CHECK

By signing below, I agree that I have read and understand the policy listed above (Items “A” through “F”).

\_\_\_\_\_

Complete Signature of Applicant

\_\_\_\_\_

Date

\_\_\_\_\_

Date

Position Applied for \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

Number

Street

City

State

Zip Code

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

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

Home Phone No. \_\_\_\_\_

Business Phone No. \_\_\_\_\_

**EMPLOYMENT RECORD:** In the spaces below, give a COMPLETE record of employment. Start with your present or most recent position and work back to your first job. List all jobs you have had since you left school. Explain any periods when you were not employed. If you worked for the same employer but held different jobs, describe each job separately. If you need more space use last page of application or attach additional pages.

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From: \_\_\_\_\_, 20\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Name of Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
To: \_\_\_\_\_, 20\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
No. of Hrs. Worked per Week: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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From: \_\_\_\_\_, 20\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Name of Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
To: \_\_\_\_\_, 20\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
No. of Hrs. Worked per Week: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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From: \_\_\_\_\_, 20\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Name of Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
To: \_\_\_\_\_, 20\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
No. of Hrs. Worked per Week: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**EDUCATION**

HIGH

COLLEGE/UNIVERSITY

GRADUATE/  
TRADE/PROF.

School Name \_\_\_\_\_

Years Completed (Circle) \_\_\_\_\_ 9 10 11 12 \_\_\_\_\_ 1 2 3 4 \_\_\_\_\_ 1 2 3 4 \_\_\_\_\_

Diploma/Degree \_\_\_\_\_

Describe Course of Study \_\_\_\_\_

Describe Specialized Training, Apprenticeship, or Internship \_\_\_\_\_

Honors Received \_\_\_\_\_

Do you have a GED? Yes \_\_\_ No \_\_\_ If yes, is it a Military GED? Yes \_\_\_ No \_\_\_

State any additional information you feel may be helpful to us in considering your application: \_\_\_\_\_

List any special skills you may have (i.e. Computer, Word Processing, CDL, Heavy Equipment Operator, etc.)

**REFERENCES**

Give names of three persons other than relatives or former employers.

**NAME** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_ **CITY/STATE/ZIP** \_\_\_\_\_ **PHONE NO.** \_\_\_\_\_

Are you a citizen of the United States? Yes \_\_\_ No \_\_\_

If not, do you possess an Alien Registration Card? Yes \_\_\_ No \_\_\_

If yes, give Alien Registration Number \_\_\_\_\_

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

If you are presently employed, may we contact your employer? Yes \_\_\_ No \_\_\_

Do you have any relatives, including elected officials, employed by Pike Co. or that is a PCPRA board of director? Yes \_\_\_ No \_\_\_

If yes, list name(s) and the department(s) in which they work \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? Yes \_\_\_\_ No \_\_\_\_

If yes, list nature and year of conviction. Include all traffic and DUI convictions.

Are you currently under indictment for a crime? Yes \_\_\_\_ No \_\_\_\_

**NOTE:**

**CONVICTION OF A CRIME WILL NOT NECESSARILY DISQUALIFY YOU FROM THE JOB FOR WHICH YOU ARE APPLYING. EACH CONVICTION WILL BE JUDGED ON ITS OWN MERIT WITH RESPECT TO TIME AND JOB RELATEDNESS, AND THE PIKE COUNTY PARKS & RECREATION AUTHORITY'S KIDSAFE POLICY.**

Do you have a valid driver's license? Yes \_\_\_\_ No \_\_\_\_

State of Issue \_\_\_\_\_ License No. \_\_\_\_\_ Class of License \_\_\_\_\_

Are you a veteran of the U.S. Military Service? Yes \_\_\_\_ No \_\_\_\_

If yes, type of discharge \_\_\_\_\_

Do you have a special license or certification that would qualify you for the position you are seeking? Yes \_\_\_\_ No \_\_\_\_

If yes, please list \_\_\_\_\_

**AGREEMENT**

I certify that answers given herein are true and complete to the best of my knowledge. 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, also, that I am required to abide by all rules and regulations of the Pike County Parks & Recreation Authority.

\_\_\_\_\_  
Complete Signature of Applicant

\_\_\_\_\_  
Date

Return with a seven year Drivers Summary, available from the State Police Annex.

CONTINUE EMPLOYMENT HISTORY HERE



### **Alcohol and Controlled Substance Testing**

As a condition of employment with Pike County Parks & Recreation Authority, you will be required to submit to an alcohol and controlled substance test. Employees must, as a condition of employment, abide by our policies regarding the effects of drug use and the unlawful possession of controlled substances. Employees are expected to report for work without the effects of illegal drugs and alcohol in their bodily systems. Employees must report any conviction under a criminal drug statute for such violations. A report of the conviction must be made within five (5) days after the conviction. (This requirement is mandated by the Drug-Free Workplace Act of 1988). In order to be employed by the Pike County Parks & Recreation Authority, **you must** successfully pass the aforementioned testing.

By signing this form, I acknowledge the above and consent to such an examination and test.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

### **Applicant's Certification and Agreement**

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I am aware that the falsification of this application or the omission of complete information will result in disqualification, or upon discovery, termination of employment. The Pike County Parks & Recreation Authority is hereby authorized to make any investigation of my prior educational and work history. Finally, I agree that all records generated for purposes of employment are **property** of and shall remain the sole exclusive property of Pike County Parks & Recreation Authority.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Resumes, letters of reference, etc. submitted with the application become the property of Pike County Parks & Recreation Authority and will not be returned. The information you have provided on the application is subject to public disclosure under the Georgia Open Records Act.

### **Applicant's Certification of Employment Eligibility**

By my signature below, I certify that I am in compliance with O.C.G.A. 13-10-91 and that I am a citizen, legal permanent resident, or qualified alien or nonimmigrant and I am eligible to work in the United States.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

**ALL OFFICIAL APPLICATIONS MUST CONTAIN ORIGINAL SIGNATURES.**



## THE PIKE COUNTY, GEORGIA PARKS & RECREATION AUTHORITY

### AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD

I understand that driving a Pike County Parks & Recreation Authority vehicle (or my own vehicle, as required) is a requirement of the position I am being considered for and that having and maintaining a satisfactory driving record is a condition of my employment. I hereby authorize the Pike County Parks & Recreation Authority, within twelve (12) months of this date, to obtain any information in my files pertaining to my driving record for the time period indicated below.

This release is executed with full knowledge and understanding that the information is for official use of the Pike County Parks & Recreation Authority for purposes of employment or underwriting of insurance and will not be used for any other purpose.

Consent is granted for the Pike County Parks & Recreation Authority to furnish such information as described above to third parties in the course of fulfilling its official responsibilities.

**\*COMPLETE ONLY IF VALID DRIVER'S LICENSE IS REQUIRED FOR THE POSITION YOU ARE APPLYING FOR\***

Full Name: _____ Male ____ Female ____ Print
Date of Birth: _____ Driver's License: _____ State Where Issued: _____
Signature: _____ Request: Three-Year: ____ Seven-Year: <u>X</u>
Driver's License Expiration Date: _____ Date: _____
<b>Sworn to and Subscribed Before Me;</b>
This _____ Day of _____, 20____
Notary Public: _____
Notary Expiration Date: _____



## THE PIKE COUNTY PUBLIC SAFETY RELEASE OF CRIMINAL HISTORY CONSENT FORM

The intent of this authorization is to give my ongoing consent for full and complete disclosure of my criminal history.

I, \_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Social Security Number Height Weight Eye Color Hair Color

\_\_\_\_\_  
Date of Birth Race Sex

\_\_\_\_\_  
Street Address City State Zip

**Authorize:** Pike County Parks & Recreation Authority  
Authorized Staff Representative  
35 Twin Oaks Road  
P.O. Box 697  
Zebulon, Georgia 30295

to receive my criminal history record from the Pike County Sheriff's/Corrections Department NCIC/GCIC database search. I understand this request will only be used for employment purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Parent/Guardian

**\*Parental/Guardian consent is required for applicants under age 18.**

**Notice: unless all blanks are completed on this form and the form is notarized no information will be released.**

Sworn To and Subscribed Before Me

This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

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

\_\_\_\_\_  
Notary Expiration Date



### **Authorization to Release Information Conditions of Employment**

I have made application for employment with Pike County Parks & Recreation Authority. I authorize any persons or organizations to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, whether or not it is in their records, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage whatsoever for issuing same.

Furthermore, if I am employed by Pike County Parks & Recreation Authority, I agree to conform to the policies, rules, orders and regulations of the Authority set forth in the Pike County Parks & Recreation Authority employee handbook, policies, or ordinances; and acknowledge that these policies, rules, regulations may be oral or written, custom or standard policy, and that these policies, rules, and regulations, may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option.

I further acknowledge that if I become employed with Pike County Parks & Recreation Authority, my employment will be at-will and may be terminated with or without cause at any time by me or by the employer.

The Authority may require me to undergo physical and/or psychological examination(s), including but not limited to a routine physical and drug testing, prior to offering me employment. I agree and acknowledge that an offer of employment may be withdrawn should a physical and/or psychological examination(s) reveal conditions adverse to employment with Pike County Parks & Recreation Authority. I agree and acknowledge that undergoing physical and/or psychological tests may also be a condition of my employment after I have begun performance of work duties. I consent to undergo a physical examination(s) and/or psychological examination(s), as deemed necessary.

**THIS APPLICATION WILL REMAIN ACTIVE FOR NINETY (90) DAYS ONLY  
UNLESS RENEWED PERSONALLY BY ME IN WRITING.**

Before an applicant can be employed with Pike County Parks & Recreation Authority they must successfully pass a drug test. Should you become an employee with Pike County Parks & Recreation Authority, your position may require random drug testing.

May we contact your present employer?     No     Yes     Presently not employed

You must sign the "Authorization to Release Information" form to enable us to contact prior employers, even though we may not contact your present employer.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_