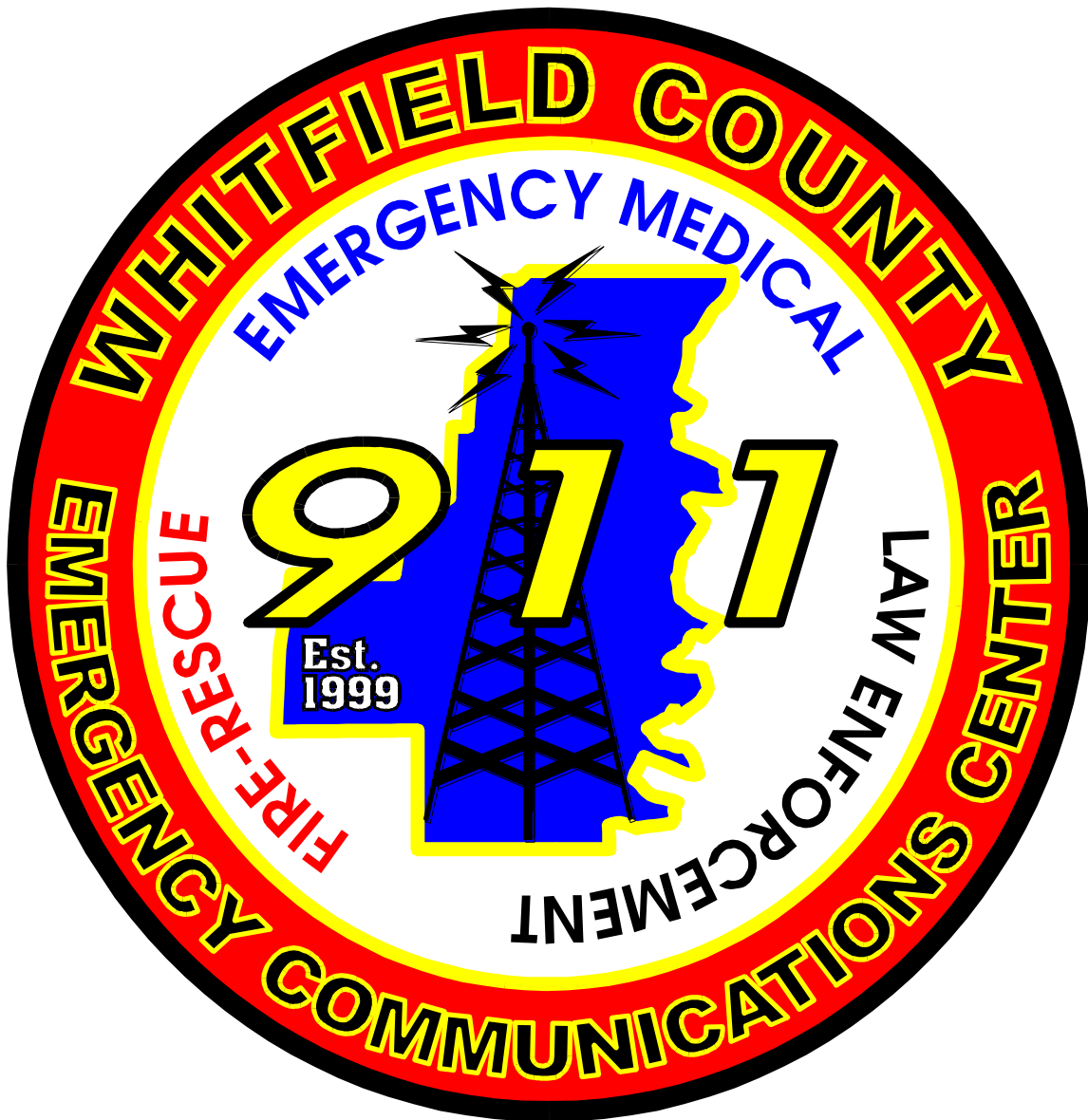


Whitfield County E-911 Emergency Communications Center



Applicant's Background Investigation Booklet (Pre-Test)

****Note**** The following information should be completed before applicant testing phase is complete.

Applicants Name: _____ SSN: ____-____-____

ILLEGAL DRUGS

1. In the space provided, indicate any use of drugs at any time in your life.

	<u>Date last used</u>	<u>No of times used</u>
Marijuana	_____	_____
Hashish	_____	_____
PCP	_____	_____
Angel Dust	_____	_____
THC	_____	_____
STP	_____	_____
LSD	_____	_____
Mescaline	_____	_____
Magic Mushrooms	_____	_____
Psilocybin	_____	_____
Heroin	_____	_____
Cocaine	_____	_____
Quaaludes	_____	_____
Opium	_____	_____
Speed	_____	_____
Uppers	_____	_____
Downers	_____	_____
Crank	_____	_____

2. During the last year, approximately how many times have you used illegal drugs?
Circle the approximate number.

(500) (400) (300) (200) (100) (75) (50) (25) (15) (5) (0)

3. During the last year, approximately how many times have you used illegal drugs during working hours (includes lunch and coffee breaks)?
Circle the approximate number.

(500) (400) (300) (200) (100) (75) (50) (25) (15) (5) (0)

Comments: _____

**WHITFIELD COUNTY 911 COMMUNICATIONS CENTER
PRE-INVESTIGATIVE INTERVIEW QUESTIONNAIRE**

Read the following statement carefully. If you do not understand the questions, ask for assistance.

STATEMENT

I understand that I must answer these questions honestly. The subject matter will be included in my background investigation. **Misrepresentation, deliberate omission, or falsification found on any of the questions in the background booklet as well as this questionnaire will automatically disqualify me from further consideration.**

Name: _____ **Position:** _____

1. Will working any shift on any days be a problem? ____Yes ____No
2. Do you have an application in with any other law, fire, or EMS agency? ____Yes ____No
3. Have you ever been rejected by any law, fire, or EMS agency? ____Yes ____No
4. Have you ever been fired or asked to resign from an employment? ____Yes ____No
5. Have you ever been told by an employer that your attendance or punctuality was a problem?
____Yes ____No
6. Have you ever tried or used any drugs contrary to the law? ____Yes ____No
7. Do any members of your family work for Whitfield County? ____Yes ____No
8. Have you ever worked for Whitfield County before? ____Yes ____No
9. Have you ever falsified any document, omitted any information or misrepresented any facts on your application? ____Yes ____No
10. Have you been advised by anyone to be untruthful during your application process?
____Yes ____No
11. Will you fill out the background booklet completely and correctly? ____Yes ____No
12. Is your application complete and correct? ____Yes ____No
13. Have you answered all the above questions truthfully? ____Yes ____No

AFFIDAVIT

I hereby certify and affirm that all answers and subsequent statements made in this questionnaire are true, correct and complete. I further understand that any misrepresentation of material facts will subject me to disqualification for employment consideration, or dismissal from the Whitfield County 911 Communications Center.

Signature _____

Date _____

Witness _____

**WHITFIELD COUNTY 911 COMMUNICATIONS CENTER
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Whitfield County 911 Communication's Center, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give any consent for full and complete disclosure of the records of educational institutions; employment and pre-employment records, including background reports.

I understand that any information obtained by a personnel history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Whitfield County 911 Communications Center. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

NOTARY

DATE

Signature: _____

Address: _____

Phone #: _____

D.O.B.: _____

SS#: _____

**WHITFIELD COUNTY 911 COMMUNICATIONS CENTER
804 PROFESSIONAL BLVD.
DALTON, GA. 30720
(706) 370 – 4911**

Do you give the Whitfield County 911 Communications Center permission to conduct a work record check with your present employer? Yes No

If you do not wish us to do so at this time, please list all disciplinary actions taken against you with your present employer. This information will be verified prior to your being employed with the Whitfield County 911 Communications Center.

Falsification will result in your being removed from the eligibility list.

Signature

Date

**WHITFIELD COUNTY 911 COMMUNICATIONS CENTER
804 PROFESSIONAL BLVD.
DALTON, GA. 30720
(706) 370 - 4911**

AUTHORIZATION FOR RELEASE OF PERSONAL MILITARY INFORMATION

I authorize the National Personnel Records Center, St, Louis, MO, or other custodian of my military records to release to the Whitfield County 911 Communications Center, information or photocopies from my military personnel and related medical records, or only the following information or records

This could include a photocopy of my DD Form 214, Report of Separation, or Article 15's and/or non-judicial punishment.

SIGNATURE

DATE

NOTARY PUBLIC

**WHITFIELD COUNTY 911 COMMUNICATIONS CENTER
804 PROFESSIONAL BLVD.
DALTON, GA. 30720
(706) 370 – 4911**

I do hereby freely and voluntarily agree to submit to a urinalysis (drug screen) and pre-employment physical examination as part of my application for employment. I agree to release there test results to the Whitfield County 911 Communications Center with the understanding the results may be used to make a decision affecting my employment status. I understand that either the failure to quality according to the minimum standards established by this organization, or my refusal to submit to either of these procedures, may disqualify me from further consideration for employment. Upon being employed, I further agree and consent to submit to a urinalysis (drug screen) if selected during random drug screening procedures established by Whitfield County 911.

Signature of Applicant

Date

NOTARY

Comm. Expires

Date

Dear Applicant:

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

Whitfield County is committed to providing a safe environment for the public 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, in addition to requiring that all potential new employees get tested for illegal drugs, Whitfield County also 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:

- criminal records check
- previous employers and education officials
- driving record
- professional license and credentials (if appropriate)
- employment credit report (if appropriate)

Whitfield County may request additional levels of background screening when appropriate. If there are any issues in your past that need to be resolved before Whitfield County initiates this background screening, please discuss them with us.

Again, thank you for applying for employment with Whitfield County.

Sincerely,

Nora Carles
Human Resources Director

INVESTIGATION AUTHORIZATION & ORDER FORM

Under the applicable provisions of the federal Fair Credit Reporting Act (FCRA), notice is hereby given that a consumer report or investigative consumer report may be made which may include information pertaining to your employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, and personal characteristics. This report may also include information pertaining to a commercial driver's license and commercial driving work history which, under provisions of the United States Department of Transportation, can include inquiries into drug and alcohol testing and use. This report will be used for employment purposes only, and will be processed by LABORCHEX Companies, an employment screening service, 2506 Lakeland Drive #200, Jackson, MS 39208, 800-880-0366. An investigation into your worker's compensation and/or industrial accident background may also be conducted according to the provisions of the Americans with Disabilities Act (ADA). LABORCHEX conducts business according to all applicable federal and state laws. LABORCHEX agrees to use its best and most precise efforts to furnish its (a "client" is defined as a business, company, or organization which contracts with LABORCHEX to provide employment screening services to them) with accurate, current, complete, and reliable information based on such information as it is reasonably available and obtained via applicable public records sources and/or information services utilized by LABORCHEX. Sources also include contact by phone, FAX, U.S. Mail, and electronic mail of an applicant's previous employers, education officials, and other individuals who can provide accurate verification and confirmation of the applicant's background. However, LABORCHEX cannot guarantee the accuracy of the information provided by these sources, which include courts, public record databases, commonly accepted information sources, and individuals, including previous employers.

You are further advised that LABORCHEX does not counsel its clients regarding their hiring policies and procedures (a "client" is defined as a business, company, or organization which contracts with LABORCHEX to provide employment screening services to them). LABORCHEX will not have any knowledge as to why you have been offered a position or the reasons why you were denied employment, and will not be responsible or liable for actions taken by its client. Under the provisions of the FCRA, you have the right to dispute information provided in a report and, after providing proper identification, you can request a copy of such report(s), including details about the sources of information. Such information will be provided to you at no cost within 30 days after receiving your request. This information will be provided by the company, business, or organization at which you applied for employment. Upon your request, LABORCHEX will provide additional details regarding your employment screening report, particularly the names of specific resources used to gather information, such as courts, public record databases, commonly accepted data sources and individuals. **PRIVACY NOTE:** LABORCHEX does not distribute details of employment applications or results to anyone other than the client that requested the background investigation. Information provided by applicants is held by LABORCHEX in strict confidence according to all federal laws.

I, the undersigned, have read and fully understand the above notice. I hereby authorize LABORCHEX to investigate my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, personal characteristics, and information pertaining to a commercial driver's license and commercial driving work history, including inquiries into drug and alcohol testing and

use. I authorize LABORCHEX to verify the facts stated by me on the attached application and/or resume. I agree not to hold LABORCHEX responsible in any manner for errors in information provided to LABORCHEX by any of the sources LABORCHEX uses to obtain such information about my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, and personal characteristics. I also agree not to hold LABORCHEX responsible for reports deemed by me to be incorrect, when LABORCHEX has, in good faith and according to its established lawful practices, based its information on sources it normally utilizes, such as those listed above.

Date: _____ Print Name: _____

Applicant Signature _____ Soc. Sec.#: _____

Address: _____

Date of Birth (for criminal and driving record checks): _____

DL#: _____ State: _____

BELOW IS FOR COMPANY USE ONLY

Company Name: Whitfield County E-911

Date: _____

Applicant Name: _____

Soc. Sec. #: _____

CHECK SCREENINGS REQUIRED FOR THIS APPLICANT

Previous Employment Verification

Education Verification

Driving Record Check

D.O.T. (Special Screening for Commercial Drivers)

Professional/Personal References

Workers' Compensation

Professional License & Credential Check

Official Education Transcripts

Employment Credit Report

CRIMINAL RECORD CHECK

List Jurisdictions To Be Checked Here:

National Address Search & Social Security # Validation

Nationwide Federal Violations Criminal Record Check

Signature of Official Authorizing Investigation _____



**FAIR CREDIT REPORTING ACT (FCRA) NOTICE AND CONSENT
FOR RELEASE OF INVESTIGATIVE CONSUMER REPORT**

In connection with your application for employment with WHITFIELD COUNTY and, if you are subsequently hired by WHITFIELD COUNTY, prior to or at any time after your employment commences WHITFIELD COUNTY may perform a background check on you. In performing this background check, WHITFIELD COUNTY may utilize a computer to access information relating to your employment, salary, credit, or other financial or personal information. In addition, it may request an investigative consumer report from a consumer reporting agency, which may contain information including written, oral, or other communications bearing on your character, general reputation, personal characteristics, mode of living, work habits, performance and experience or reasons for the termination of your past employment. This information may be obtained through personal interviews with your previous employers, neighbors, friends, associates, or other individuals who may have knowledge concerning such information.

Investigative consumer reports may be obtained for employment purposes, as defined under the Fair Credit Reporting Act. Specifically, the report may be requested for purposes of your employment, promotion, reassignment, or retention as an employee.

You have a right to make a written request to WHITFIELD COUNTY for a complete and accurate disclosure of the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act, as amended.

By your signature below, you represent that you have carefully read and understand this Notice (or that you have had the Notice explained to you) and that you consent to WHITFIELD COUNTY'S performing a background check on you, including obtaining investigative consumer reports about you for employment purposes, prior to, during, or at any time after your employment commences. Your signature further reflects your understanding that such consent will remain in effect indefinitely until you revoke it in writing.

I HAVE READ AND UNDERSTAND (OR HAVE HAD EXPLAINED TO ME) THE INFORMATION SET FORTH IN THIS NOTICE. I UNDERTAND THAT WHITFIELD COUNTY MAY PERFORM A BACKGROUND CHECK ON ME, WHICH MAY INCLUDE ACCESSING VIA COMPUTER MY FINANCIAL OR PERSONAL INFORMATION AND/OR OBTAINING AN INVESTIGATIVE CONSUMER REPORT ABOUT ME FOR EMPLOYMENT PURPOSES.

Applicant's Signature

Date

Print Applicant's Name



**GEORGIA CRIME INFORMATION CENTER (GCIC) CRIMINAL
HISTORY
RECORD INFORMATION CONSENT FORM**

I hereby authorize **WHITFIELD COUNTY** to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia with the understanding that the results may be used to make a decision affecting my employment.

Full Name (printed)

Address

City

State

Zip Code

Sex

Race

Date of Birth

Social Security Number

Signature

Date