



DOUGLAS COUNTY BOARD OF COMMISSIONERS

8700 Hospital Drive
Douglasville, Georgia 30134
Phone (770) 920-7266 ~ Fax (770) 920-7411
lwatson@co.douglas.ga.us

APPLICATION FOR BOARDS, COMMITTEES, & AUTHORITIES

Applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(PLEASE PRINT CLEARLY)

Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Address: _____

E-mail: _____

Occupation: _____ Which district do you live in? 1 2 3 4

What Board, Committee, or Authority are you interested in serving?

List any County Board, Committee, or Authority previously or currently serving.

Have you ever been employed by Douglas County Board of Commissioners? Yes No

If yes, provide dates and position: _____

Please explain any previous experience with State or Local Government:

Are you presently employed? Yes No If yes, where? _____

May we contact your present employer? Yes No

Employer contact name and number: _____

Are you an owner or officer in any business or corporation? Yes No

If yes, please list the name and activity of the business or corporation:

Have you ever been convicted of a felony? Yes No If yes, provide date(s) and details:

Education

Do you have a high school diploma or GED? Yes No If no, what is the highest grade completed? ____

Please list any College, Technical, University, and Graduate School Education and/or Specialized Training or Classes relevant to position.

Special Skills and Qualifications

Briefly explain why you seek this appointment and summarize any relevant special skills and qualifications acquired from employment or other experience.

List three personal references who are not related to you and are not previous employers:

Name	Address	Telephone	Relationship

**This application shall be submitted, along with a letter of interest to Lisa Watson, Douglas County Clerk, in person or via US Mail. Any additional information may be included on a separate page. Application must be received by close of business on deadline date to be considered.*

Applicant's Statement

- I certify that the answers herein are true and complete to the best of my knowledge.
- I authorize an investigation of all statements contained in this application for employment as may be necessary in arriving at an appointment decision. I understand that this application is not, and is not intended to be, a contract for employment.
- In the event of an appointment to any board, I understand that false or misleading information given in my application or interview(s) may result in removal of appointment. I also understand that I am required to abide by all rules and regulations of Douglas County.
- I agree for the Board of Commissioners to conduct a criminal history background check on me prior to appointment.
- I understand that this application will remain active for one (1) year for this position and/or any other positions for which I am qualified and/or interested. It is my responsibility to notify the Douglas County Clerk if I wish to be a candidate for any particular positions during the time period that my application is active.

Signature of Applicant

Date Signed



DOUGLAS COUNTY BOARD OF COMMISSIONERS

Douglas County Board/Committee/Authority Applying for: _____

CONFIDENTIAL

CONSENT FORM

I hereby authorize the Douglas County Board of Commissioners to retrieve my criminal record history as a condition of Board Appointment/continued Appointment and/or Volunteering/continued Volunteering with Douglas County.

Please print Full Name (No Initials)

Street Address

City, State and Zip Code

Social Security Number

Date of Birth

Applicant's Signature

Date

Requestor's Signature

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary but highly appreciated.

Please check one:

Male

Female

Please check one:

White/Caucasian

Black/African American

Hispanic

Asian/Pacific Islander

American Indian/Alaskan Native

Please check one:

Disabled Veteran

Vietnam Era Veteran

Handicapped Individual

Please return to Department of Human Resources marked "CONFIDENTIAL".

8700 Hospital Drive – Douglasville, Ga – Telephone (770-920-7264 – Fax 770-920-7371