

**PERSONNEL DATA - SECRETARY
SUPERIOR COURTS OF GEORGIA**

HR USE ONLY

/

NAME: _____ SOCIAL SECURITY #: _____ DOB _____
(MUST BE 18 YRS OF AGE)

HOME ADDRESS (Number, Street): _____ (Apartment): _____

CITY, STATE: _____ ZIP CODE: _____ COUNTY: _____

HOME PHONE : () _____ OFFICE PHONE: () _____

ARE YOU A CITIZEN OF THE USA? ____ YES ____ NO

RACE: ____ ASIAN ____ INDIAN ____ OTHER MARITAL STATUS: ____ SINGLE
 ____ BLACK ____ WHITE ____ MARRIED
 ____ HISPANIC ____ MULTI-RACIAL SEX: ____ MALE ____ FEMALE

HAVE YOU EVER BEEN CONVICTED OF A FELONY UNDER LAW OF THIS STATE OR ANY OTHER STATE? YES ____ NO ____

DATE OF STATE EMPLOYMENT: _____ POSITION: _____ JUDICIAL CIRCUIT: _____

DATE OF COUNTY EMPLOYMENT: _____ POSITION: _____ JUDICIAL CIRCUIT: _____

HOW DO YOU WISH TO BE PAID? BY CHECK ____ BY DIRECT DEPOSIT(MUST COMPLETE REQUIRED FORM) ____

MAIL PAYCHECK OR CHECK STUB TO: ____ HOME ____ OFFICE

OFFICE ADDRESS (Number, Street): _____ (Suite No.): _____

CITY, STATE: _____ ZIP CODE: _____

IN CASE OF EMERGENCY CONTACT:

| NAME | RELATIONSHIP | TELEPHONE | ADDRESS |
|------|--------------|-----------|---------|
| | | | |
| | | | |

Have you ever been employed by an agency of the state of Georgia? Yes ____ No ____

| DATES (M-D-YR) FROM | TO | NAME AND ADDRESS OF AGENCY: | NAME AND TITLE OF IMMEDIATE SUPERVISOR: | REASON FOR LEAVING |
|------------------------|----|--------------------------------|---|-----------------------|
| | | | | |
| | | | | |

SKILLS: Check any which apply to you

| | | | | |
|--|--|---|--------------------------------------|---|
| Dictation <input type="checkbox"/> | Legal Transcription <input type="checkbox"/> | Sign Language <input type="checkbox"/> | Bookkeeping <input type="checkbox"/> | Word Processing <input type="checkbox"/> |
| Data Entry <input type="checkbox"/> | Typing _____ WPM | Driver's License <input type="checkbox"/> | Windows OS <input type="checkbox"/> | Lexis/Nexis/Westlaw Other <input type="checkbox"/> _____ |
| MS Office <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Power Point <input type="checkbox"/> Access <input type="checkbox"/> Internet Explorer <input type="checkbox"/> Outlook <input type="checkbox"/> | | | | |

EDUCATION

| | | | | |
|---|-------------------------------------|---------------------------|-------------------------|-------------------------|
| High School Graduate or Equivalent(GED) Circle: Yes No | Vocational/Business School _____ | Number of Months _____ | Field of Study _____ | Date Completed _____ |
|---|-------------------------------------|---------------------------|-------------------------|-------------------------|

| DATES (M-D-YR) | | NAME AND LOCATION OF COLLEGE/UNIVERSITY | GRADUATE | | DEGREE |
|----------------|----|---|----------|----|--------|
| FROM | TO | | YES | NO | |
| | | | | | |
| | | | | | |

Are you currently employed in a county paid position? [Yes] _____ [No] _____

Are you transferring from a superior court judge secretary position to a DA secretary position?
[Yes] ___ [No] ___

Are you transferring from a position with another state agency? [Yes] _____ [No] _____

(If the answer to this question is yes, you must submit written documentation from the state agency's personnel officer certifying your annual salary for the year preceding your appointment in the DA's office and on your last day of employment with the former agency.)

OTHER WORK EXPERIENCE

(Use Separate Sheet As Needed)

| DATES (M-D-YR) | | NAME AND ADDRESS OF EMPLOYER | POSITION AND DUTIES PERFORMED | NAME & TITLE IMMEDIATE SUPERVISOR |
|----------------|----|------------------------------|-------------------------------|-----------------------------------|
| FROM | TO | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

I HEREBY CERTIFY UNDER PENALTY OF LAW, THAT THE INFORMATION GIVEN ABOVE IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ACKNOWLEDGE THAT ANY KNOWING AND WILLFUL FALSE STATEMENT OR OMISSION ON THIS FORM CONSTITUTES VIOLATION OF O.C.G.A. § 16-10-20.

SIGNATURE

DATE