



## Employment Application

DRUG FREE WORKPLACE

Application Date \_\_\_\_\_ Interview Date \_\_\_\_\_

### General Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Position Applied For \_\_\_\_\_ Salary Desired \_\_\_\_\_

Date Available \_\_\_\_\_ Hours Available \_\_\_\_\_  
 FULLTIME  PART-TIME  TEMPORARY  PERMANENT

Are you able to perform the essential job functions of the position you are applying with or without reasonable accommodations?  Yes  No

If hired will you be able to work on-call  Yes  No

Are you 18 years of age or older?  Yes  No

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by court? A yes response does not automatically disqualify your application. If yes, please explain.  Yes  No

Have you been employed with us before?  Yes  No  
If yes, give the last date of employment \_\_\_\_\_

Do you have any relatives that currently work for the City of Monticello?  Yes  No  
If yes, give name, relationship, and department? \_\_\_\_\_

**Education & Training**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  Yes  No Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  Yes  No Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  Yes  No Degree: \_\_\_\_\_

**References**

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Employment History**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?  Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?  Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?  Yes  No

### **Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

### **Disclaimer and Signature**

**I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.**

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

\_\_\_\_\_  
Date

**GEORGIA CRIME INFORMATION CENTER (GCIC)  
PURPOSE CODE "E" CONSENT FORM**

**I hereby authorized the City of Monticello 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.**

**PHOTO ID  
MUST BE ATTACHED**

\_\_\_\_\_  
**PRINT FULL NAME**

\_\_\_\_\_  
**PRINT PRESENT ADDRESS**

\_\_\_\_\_  
**SOCIAL SECURITY #**

\_\_\_\_\_  
**SIGNATURE**

**SEX**                      **RACE**                      **DOB**

\_\_\_\_\_  
**PRINT ANY OTHER NAMES YOU HAVE USED**

\_\_\_\_\_  
**NOTARY PUBLIC**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE SUBMITTED**

**A criminal history record check has been conducted through the Georgia Crime Information Center (GCIC) on the above person, and no criminal history was located.**

\_\_\_\_\_  
**TERMINAL OPERATOR/AGENCY**

\_\_\_\_\_  
**DATE OF BACKGROUND CHECK**

**A criminal history record check has been conducted through the Georgia Crime Information Center (GCIC) on the above person, and the attached criminal history was located.**

\_\_\_\_\_  
**TERMINAL OPERATOR/AGENCY**

\_\_\_\_\_  
**DATE OF BACKGROUND CHECK**

\_\_\_\_\_  
**STATE ID NO.**

**ONE OF THE FOLLOWING MUST BE CHECKED:**

- This authorization is valid for 90/180/\_\_\_\_\_ (circle one) days from date of signature.**
- I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.**