



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.**

Applicant Information

ALL APPLICATIONS MUST INCLUDE THE FOLLOWING INFORMATION TO BE CONSIDERED:

- 1. 3 YEAR MVR**
- 2. COPIES OF:**
 - A. DRIVER LICENSE**
 - B. SOCIAL SECURITY CARD**

IF THIS INFORMATION IS NOT INCLUDED WITH THE APPLICATION, YOUR APPLICATION WILL NOT BE CONSIDERED FOR EMPLOYMENT.