

Employment Application

DRUG FREE WORKPLACE

	Applica	GOII Date		IIItelview Date	
General Information					
Last Name First	Name	Initial	Socia	l Security No.	
Address			Home	: Telephone	
City, State, Zip			Emai	l Address	
Position Applied For			Salar	y Desired	
Date Available	Hours Availa		/PORARY	C PERMANENT	
Are you able to perform the essential job functions of the position you are applying with or without reasonable		If hired	will you b	e able to work on-call	
accommodations? Yes No		□ Yes	□ No		
Are you 18 years of age or	□ Yes	□ No			
Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not be 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.						
	Relationship:					
	Phone:					
Address:						
	Relationship:					
Company:	Phone:					
Address:						
	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:	End	iing Salary:_	
Responsibilities:				
From: To:	Reason for Leavi	ng:		
May we contact your	previous supervisor for	a reference?	Yes 🗆 No	
Company:		Phone:		
Address:	Supervisor:			
Job Title:	Starting Salary:	End	ling Salary:_	
Responsibilities:				
From: To:	Reason for Leavi	ng:		
May we contact your	previous supervisor for	a reference?	Yes 🗆 No	
Military Service				
Branch:		From:	To:_	
Rank at Discharge:		Type of Dis	charge:	
If other than honorab	le, explain:			
Disclaimer and S				
complete, and I undo misrepresentations a	information submitted erstand that if any fals are discovered, my app syment may be termin	e information dication may	, omissions, be rejected a	or
Signate	ure of Applicant	<u> </u>		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 A	TTACHED		PRINT FULL NAME
			PRINT PRESENT ADDRESS
			SOCIAL SECURITY #
			SIGNATURE
SEX	RACE	DOB	
PRINT AN	Y OTHER NAM	ES YOU HAVE	USED
NOTARY PUBLIC			SIGNATURE
			DATE SUBMITTED
			nducted through the Georgia Crime Information Center al history was located.
TERMINA	L OPERATOR/	AGENCY	DATE OF BACKGROUND CHECK
			nducted through the Georgia Crime Information Center ed criminal history was located.
TERMINAL	OPERATOR/AG	ENCY	DATE OF BACKGROUND CHECK STATE ID NO.
o This aut		lid for 90/180 give consen	HECKED: / (circle one) days from date of signature. It to the above named to perform periodic criminal Ition of my employment with this company.