

City of Toccoa An Equal Opportunity Employer **APPLICATION FOR EMPLOYMENT**

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PERSONAL DATA

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security No. :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS

NAME & OCCUPATION

1 2 3 4

1 2 3 4

1 2 3 4

College

High School

 Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 (Last) (First) (Middle)

(No.) (Street) (City) (State) (Zip)

(Area Code)

***(Check last year completed in High School or College)***

 ***(NOT Former Employers or Relatives)***

Other (specify)

PHONE NUMBER

 PERSONAL REFERENCES

Are you legally eligible for employment in the USA? \_\_\_\_\_\_YES \_\_\_\_\_\_ NO *(If yes, verification will be required.)* Are you of the legal age to work? \_\_\_\_\_\_ YES \_\_\_\_\_\_ NO Position applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Have you ever been employed by the City of Toccoa? \_\_\_\_\_\_ YES \_\_\_\_\_\_NO If yes, when and what position did you hold? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If your application is chosen, on what date will you be available for work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_\_\_\_\_\_ Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? (Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF NO, GED? (Y/N)

DID YOU GRADUATE? (Y/N)

LAST YR. COMPLETED

COURSE OF STUDY

 SCHOOL NAME & ADDRESS

SCHOOL

 RECORD OF EDUCATION

FFF!

 Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If there is a particular employer(s) you do not wish us to contact, please indicate which one(s). Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Were you in the U.S. Armed Forces? \_\_\_\_\_\_ YES \_\_\_\_\_\_ NO If yes, what branch? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MILITARY SERVICE RECORD

 I hereby give permission to contact the employers listed above concerning my prior work employment and experience:

**DECRIBE THE WORK YOU DID:**

 **PHONE #:**

 **POSITION HELD:**

**NAME OF SUPERVISOR**

 **REAON FOR LEAVING**

**ENDING SALARY**

**STARTING SALARY**

**TO MO/YR**

**FROM: MO/YR**

**FROM: MO/YR**

**NAME & ADDRESS OF COMPANY/ TYPE OF BUSINESS**

 **PHONE #:**

 **POSITION HELD:**

**DECRIBE THE WORK YOU DID:**

 **NAME OF SUPERVISOR**

 **REAON FOR LEAVING**

**ENDING SALARY**

**STARTING SALARY**

**TO: MO/YR**

**NAME & ADDRESS OF COMPANY/ TYPE OF BUSINESS**

 **PHONE #:**

 **POSITION HELD:**

**DECRIBE THE WORK YOU DID:**

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**STARTING SALARY**

**TO: MO/YR**

**FROM: MO/YR**

City of Toccoa An Equal Opportunity Employer APPLICATION FOR EMPLOYMENT

**NAME & ADDRESS OF COMPANY/ TYPE OF BUSINESS**

***(List below present and past employment, beginning with your most recent)***

RESUME

 PG. 2

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONSENT FOR DRUG AND ALCOHOL SCREENING TEST AND REPORTING (To be signed by all applicants prior to collecting specimen)**

 I hereby consent to the breath, blood, urine, and other bodily fluids for the presence of illicit chemical substances as defined in the City of Toccoa’s Drug-Free Workplace Policy on Substance Abuse, and to the reporting of results of said tests to the Personnel Manager or designee, and to such other persons who are authorized under said Policy to receive such information.

I acknowledge that I have been assured that any information revealed in such a search or screening will be used only for purposes of the City of Toccoa’s making decisions about my employment, termination, or employment-related discipline to determine whether I am in compliance with the City’s Drug-Free Workplace Policy and that it will not be utilized against me in any criminal proceeding.

I hereby release and agree to hold harmless the City of Toccoa, its elected and appointed officials, the Toccoa Police Department, its Chief, and its Superior Officers, Managers, Supervisors, and Agents from any and all liability arising out of the obtaining of the specimen of any fluids, the administration of the tests to the specimens, and the reporting of the results of the results of the tests in accord with the City’s Policies and Procedures.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APPLICANT’S SIGNATURE DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRINT NAME

**Name-Based Criminal History Record Information Consent/Inquiry Form**

I hereby authorize \_\_\_\_\_\_\_\_Toccoa Police Department\_\_\_\_\_\_\_\_ to conduct an inquiry for

 Agency/Company

the purposes listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

|  |  |
| --- | --- |
| **Full Name (print)** |  |
| **Address** |  |
| **Sex** | **Race** | **Date of Birth** | **Social Security Number** |
|  |  |  |  |

 This authorization is valid for \_\_\_\_\_\_\_**365**\_\_\_\_\_\_\_\_ days from date of signature.

XXXXXX

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give consent to the above-named entity to preform periodic criminal history background checks for the duration on my employment.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Bar Number

Attorney for individual (Pur E and U Only)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Inquiry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Inquiry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Operator’s Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose Code Used: (check one)

**NON-CRIMINAL JUSTICE PURPOSES**

 E - Employment

 M- Working with Mentally Disabled

 N- Working with Elderly

 W – Working with Children

 U- Personal Copy

**CRIMINAL JUSTICE EMPLOYEE**

 J – Civilian Criminal Justice Employment (State & III Info Received)

**PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)**

 P – Public Records (no consent required)

 Z – Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

|  |  |
| --- | --- |
|  | No Criminal Record Available |
|  | Criminal Record (Attached/Released) |
|  | No NCIC/GCIC Warrant |
|  | Possible NCIC/GCIC Warrant (List Wanting Agency Below)  |

 Wanting Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wanting Agency Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency Designee Signature Title

 Revised March 2019