

List relatives who are employed by the City of Elberton:

NAME	RELATIONSHIP	DEPARTMENT

EDUCATION AND TRAINING

SCHOOL	SCHOOL NAME & ADDRESS	COURSE OF STUDY	LAST YR COMPLETED	DID YOU GRADUATE
High School			1 2 3 4	Y N
College			1 2 3 4	Y N
Other			1 2 3 4	Y N
JOB RELATED LICENSES/CERTIFICATIONS		DATE ISSUED	IS IT CURRENT?	LICENSING AGENCY

Have you ever served in the US Armed Forces? No Yes (what branch, dates of duty and skills related to this position) _____

PERSONAL REFERENCES *(Do not list former employers or relatives)*

NAME & OCCUPATION	ADDRESS	CONTACT NUMBER

RESUME May we contact your present employer? No Yes Presently not employed
(List below present and past employment, beginning with your most recent.)

NAME & ADDRESS OF COMPANY/TYPE OF BUSINESS	FROM (Mo/Yr)	TO (Mo/Yr)	STARTING SALARY	ENDING SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
	<i>Describe below the work you did:</i>					
Position held:						
Contact Phone Number:						

NAME & ADDRESS OF COMPANY/TYPE OF BUSINESS	FROM (Mo/Yr)	TO (Mo/Yr)	STARTING SALARY	ENDING SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
	<i>Describe below the work you did:</i>					
Position held:						
Contact Phone Number:						

NAME & ADDRESS OF COMPANY/TYPE OF BUSINESS	FROM (Mo/Yr)	TO (Mo/Yr)	STARTING SALARY	ENDING SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
	<i>Describe below the work you did:</i>					
Position held:						
Contact Phone Number:						

NAME & ADDRESS OF COMPANY/TYPE OF BUSINESS	FROM (Mo/Yr)	TO (Mo/Yr)	STARTING SALARY	ENDING SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
	<i>Describe below the work you did:</i>					
Position held:						
Contact Phone Number:						

APPLICANT’S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I am aware that the falsification of this application or the omission of complete information will result in disqualification, or upon discovery, termination of employment.

Furthermore, if I am employed by the City of Elberton, I agree to conform to the policies, rules, orders and regulations of the government set forth in the City of Elberton Personnel System, employee handbook, policies and ordinances; and acknowledge that these policies, rules, and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer’s sole option.

The City of Elberton is a Drug-Free Workplace. Before an applicant can be selected for employment with the City of Elberton they must submit to a drug testing. Should you become an employee with the City of Elberton, your position may require random drug testing.

Date: _____ Applicant’s Signature: _____

Resumes, letters of reference, etc. submitted with the application become the property of the City of Elberton and will not be returned. The information you have provided on the application is subject to public disclosure under the Georgia Open Records Act.

Job Application Questionnaire

Applicant's Name

Last

First

Middle

This employment application is not an offer of employment nor a contract for employment. The completion of this application does not constitute an agreement, or promise to hire the applicant.

This employment application is the basis for the employment screening process and background investigation conducted by the Elberton Police Department on each applicant for a position of employment. The answers that you provide for each question on this application must be full and complete and completed in black ink by the applicant. Any information that is erroneous in nature or not provided on this application, whether intentional or unintentional, will constitute the basis for your elimination from consideration for the employment which you now seek. Additionally, should you become employed with the City, and at any time subsequent to your employment, fraudulent, misleading or information missing from this application is discovered, your employment will be terminated. Please be sure that you carefully consider each and every question asked of you by this application and that you provide honest and complete information. If the question which requires more space than is provided may be answered on the reverse side of the page, with the question number indicated beside the information. Incomplete applications will not be accepted.

"I understand that if I do not wish to answer a question in this booklet, I may choose not to do so and my application will be terminated. I have read and understand the above statement."

Signature of applicant

Date signed

Authorization to Release Information

I have made application for employment with the City of Elberton. I authorize any persons or organizations to give you any and all information concerning my previous employment, education or any other information they might have, personal or otherwise, whether or not it is in their records, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage whatsoever for issuing same.

I do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agency of the City of Elberton, or to any authorized agent of a criminal justice agency or any private agency upon request of the City of Elberton Police Department, whether the said records are of public, private or confidential nature. I direct release of such records regardless of any agreement I may have made previously to the contrary. The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial statements and records wherever filed; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorney's at law or of other counsel whether representing me or another person in my case, whether criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the City of Elberton. I also certify that any person (s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance on any attempts to comply with this authorization.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Applicant's Signature (including maiden name)

Date Signed

Social Security Number

Date of Birth

Complete Address

Notary Public Signature

Expiration Date

Date Signed

Criminal/Drivers History Consent Form

I hereby authorize the Elberton Police Department to receive any Criminal/Drivers History record information pertaining to me which may be in the files of any criminal justice agency of any state, or any local criminal justice agency in the State of Georgia.

Applicant's Name Printed

Last

First

Middle

Applicant's Address

Gender

Race

Date of Birth

Drivers License Number

State Issued

Expiration Date

Signature of Applicant

Date

Notary Public Signature

Expiration Date

Date signed