

CITY OF GRANTVILLE



APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR: _____

All information provided on this application **MUST BE COMPLETE** so that all applications can be given equitable consideration. All qualified applicants will receive consideration for employment regardless of race, color, religion, sex, age, national origin or disability. City of Grantville will hire only authorized workers, regardless of national origin. This application must be typed or printed. Please complete one application for each position for which you are applying. **YOU MUST SIGN AND DATE YOUR APPLICATION IN INK. RESUMES ARE NOT ACCEPTED IN LIEU OF A COMPLETED APPLICATION.**

INCOMPLETE APPLICATIONS MAY BE REJECTED

PERSONAL DATA

Last Name	First	Middle
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Address:	Street	Apt#	City	State	ZipCode
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Telephone: _____

Home Phone#	Work Phone#	Cell Phone #
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How did you hear of this opening? _____ Date Available to begin: _____

WILL YOU ACCEPT: Temporary Work? ____ Part Time Work? ____ Weekend? ____

Are you over 18 years old? ____ Are you eligible to work in the United States either because you are a U.S. citizen or have U.S. government approval to do so? ____ No ____ Yes

NOTE: If offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in a determination that the applicant is ineligible for employment in the United States

Have you ever worked for us before? No ____ Yes ____ If yes, When? _____

Give name, relationship, & department of any relatives who are employed by the City of Grantville:

In Case of an emergency: Please list your closest living relative:

Name _____

Address _____

Phone number _____

Additional contact person:

Name _____

Address _____

Phone Number _____

DRIVER'S HISTORY INFORMATION:

Do you have a valid Drivers License? No ___ Yes ___

License# _____ Class _____ State _____

Have you received any traffic violations in the past three years? No ___ Yes ___ If yes, list type of offense and dates:

CRIMINAL HISTORY INFORMATION:

Have you ever been convicted of or plead guilty or no contest to a misdemeanor? (For example: DUI, Bad Checks, etc.) NO ___ YES ___ (Omit non-moving traffic violations/parking tickets and any offense which was finally adjudicated in Juvenile Court or under a Youth Offender Law). If yes, describe the circumstances: (Date, Place, Charges, and Disposition). Use additional sheets if necessary.

Have you ever been convicted of or plead guilty or no contest to a felony? NO ___ YES ___ If yes, describe the circumstances: (Date, Place, Charges, and Disposition). Use additional sheets if necessary.

NOTE: An applicant convicted of a criminal offense involving the manufacture, distribution, trafficking, or sale of a controlled substance, dangerous drugs or marijuana, or convicted of any felony involving a violent crime such as assault with a deadly weapon, aggravated assault or murder are ineligible for employment with the City of Grantville. Such applicant shall be automatically rejected, Applicants convicted of any other felony will be considered on a case-by-case basis.

Have you ever been suspended, demoted, dismissed or asked to resign from any job? No ___ Yes ___

If yes, explain in detail:

EDUCATION

High School

Name _____ Address: _____
 (Name of high school or state authority issuing the diploma or certificate)

Circle highest grade completed: 7 8 9 10 11 12 Graduated? No ___ Yes ___
 If not a high school graduate, do you have a GED? No ___ Yes ___

Colleges/Universities

Please complete the following section for post-secondary education (Technical schools/Colleges/Universities):

Name of School	City	State	If No Degree, Hours Earned	Major	Type of Degree	Degree Earned yes/no

Describe any specialize training, qualifications, apprenticeship, skills, and extra-curricular activities which relate to the job for which you are applying. Include office equipment, computer skills, foreign language skills, typing skills, and business equipment or machine operating skills, which may relate to the position for which you are applying. Use **additional sheets if necessary.**

REFERENCES – Give names, addresses, and telephone numbers of three references that **ARE NOT** related to you and **ARE NOT** previous employers.

1. _____
 Name _____ Phone# _____
 Address: Street _____ Apt# _____ City _____ State _____ Zip _____

2. _____
 Name _____ Phone# _____
 Address: Street _____ Apt# _____ City _____ State _____ Zip _____

3. _____
 Name _____ Phone# _____
 Address: Street _____ Apt# _____ City _____ State _____ Zip _____

WORK HISTORY

Describe your work history **beginning with you current or most recent job**. Include military and volunteer experience and periods of unemployment. Failure to give complete information regarding each job held may result in your disqualifications. Complete addresses with zip codes and telephone numbers for all employers are necessary.

A resume may be attached only as additional information and will not be accepted in lieu of completing this section. Use additional sheets if necessary.

Name of Organization or Firm: _____ Telephone: _____

Address: _____
Street

City State Zip Code Dates Employed:
From Mo/Yr _____ To Mo/Yr _____

Name of Your Supervisor: _____ Pay Start: _____ End: _____

Your Official Job Title: _____

Specific Reason for Leaving: _____

Describe Your Specific Job Duties:

Name of Organization or Firm: _____ Telephone: _____

Address: _____
Street

City State Zip Code Dates Employed:
From Mo/Yr _____ To Mo/Yr _____

Name of Your Supervisor: _____ Pay Start: _____ End: _____

Your Official Job Title: _____

Specific Reason for Leaving: _____

Describe Your Specific Job Duties:

Name of Organization or Firm: _____ Telephone: _____

Address: _____

Street

City State Zip Code

Dates Employed:

From Mo/Yr _____ To Mo/Yr _____

Name of Your Supervisor: _____ Pay Start: _____ End: _____

Your Official Job Title: _____

Specific Reason for Leaving: _____

Describe Your Specific Job Duties:

Name of Organization or Firm: _____ Telephone: _____

Address: _____

Street

City State Zip Code

Dates Employed:

From Mo/Yr _____ To Mo/Yr _____

Name of Your Supervisor: _____ Pay Start: _____ End: _____

Your Official Job Title: _____

Specific Reason for Leaving: _____

Describe Your Specific Job Duties:

Please use this space for additional information pertinent to your education, training, and experience:

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. The City of Grantville is hereby authorized to make any investigation of my prior education and work history. Finally, I agree that all records generated for purposes of employment are property of and shall remain the sole and exclusive property of the City of Grantville.

Date: _____

Applicant's Signature: _____

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

ALL OFFICIAL APPLICATIONS MUST CONTAIN ORIGINAL SIGNATURES.

THE CITY OF GRANTVILLE
AUTHORIZATION TO RELEASE INFORMATION FORM

The intent of this authorization is to give my ongoing consent for full and complete disclosure of but not limited to my hospital records, court records, police records including juvenile reports; medical records; background investigative material and records; military records; current and former employment records; educational records and transcripts, etc.; arrest records; and any other records discovered by reference.

I, _____
Last Name First Name Middle

Social Security Number Height Weight Eye Color Hair Color

Date of Birth Race Sex

Street Address City State Zip Code

Authorize: **City of Grantville**
123 LaGrange Street
Grantville, GA 30220
(770) 583-2289

to receive my criminal history record from the Grantville Police Department and/or Coweta County Sheriff's Office/ Corrections Department NCIS/GCIC database search. I understand the request will only be used for employment purposes.

Signature

Notice: unless all blanks are completed on this form and the form is notarized no information will be released.

Sworn To And Subscribed Before Me

This _____ Day of _____, 20__

Notary Public

THE CITY OF GRANTVILLE HUMAN RESOURCES DEPARTMENT

AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD

I understand that driving a City of Grantville vehicle (or my own, vehicle, as required) is a requirement of the position I am being considered for and that having and maintaining a satisfactory driving record is a condition of my employment. I hereby authorize the City of Grantville, within twelve months of this date, to obtain any information in my files pertaining to my driving record for the period indicated below.

This release is executed with full knowledge and understanding that the information is for official use of the City of Grantville for purposes of employment or underwriting of insurance and will not be used for any other purpose.

Consent is granted for the City of Grantville to furnish such information as described above to third parties in the course of fulfilling its official responsibilities.

Full Name: _____ Male ___ Female ___ (Print)
Date of Birth: _____ Driver's License Number: _____ State Issued: _____
Driver's License Expiration Date: _____ Request: Three-year ___ Seven _____
Signature: _____ Date: _____
Sworn to and Subscribed Before Me: This ___ Day of _____, 20 ___
Notary Public: _____
Notary Expiration: _____

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ to conduct an inquiry for
Agency/Company
 the purpose 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 _____ days from date of signature.
- I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature _____ Date _____

Attorney for Individual (Pur E and U Only) _____ Bar Number _____ Date _____

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

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

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

 Agency Designee Signature and Title