

# 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.**

<p><b>INCOMPLETE APPLICATIONS MAY BE REJECTED</b></p> <p><b>PERSONAL DATA</b></p>
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\_\_\_\_\_  
 Last Name                                      First                                      Middle

\_\_\_\_\_  
 Address:      Street      Apt#      City      State      ZipCode

\_\_\_\_\_  
 Telephone:      Home Phone#      Work Phone#      Cell Phone #

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:

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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:

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**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.

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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.

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**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:

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## 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.**

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**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.**

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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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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:

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

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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:

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

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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 \_\_\_\_\_