

Application for Employment

**CITY OF DANIELSVILLE
10 GOVERNMENT CIR
DANIELSVILLE, GA 30633**

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date _____

Last name _____ First name _____ Middle name _____

Street Address _____

City _____ State _____ ZIP _____

Telephone _____ Social Security# _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?
(We participate in E-Verify & you will be required to provide documentation.) Yes No

What type of employment are you looking for? Full-Time Part-Time

Are you willing to work after hours on call? Yes No

Have you ever been convicted of a felony? (This will not necessarily affect your application.)
 Yes No

If yes, please describe conditions. _____

Employment Desired

Position applied for _____

How did you hear of this opening? _____

Have you ever applied for employment here? Yes No

When? _____

Have you ever been employed by this company? Yes No

When? _____

What Department? _____

Are you presently employed? Yes No

May we contact your present employer? Yes No

Date you can start? _____

Desired position _____

Desired starting salary _____

Please list applicable skills _____

Education

School name and Location	Year	Major	Degree
High School _____			
College _____	_____	_____	_____
College _____	_____	_____	_____
Post-College _____	_____	_____	_____
Other Training _____	_____	_____	_____

In addition to your work history, are there are other skills, qualifications, or experience that we should consider?

Please list any scholastic honors received and offices held in school.

Are you planning to continue your studies? Yes No

If yes, where and what courses of study? _____

If you have any certifications that pertain to the position you are applying for please attach a copy to the back of your completed application

Employment History
(Start with most recent employer)

Company Name _____

Address _____

Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we Contact? Yes No

Responsibilities _____

Reason for Leaving _____

Company Name _____

Address _____

Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we Contact? Yes No

Responsibilities _____

Reason for Leaving _____

Company Name _____

Address _____

Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

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May we Contact? Yes No

Responsibilities _____

Reason for Leaving _____

Company Name _____

Address _____

Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we Contact? Yes No

Responsibilities _____

Reason for Leaving _____

References

List three personal references, not related to you, who have known you for more than one year.

Name _____ Phone _____ Years Known _____

Address _____

Name _____ Phone _____ Years Known _____

Address _____

Name _____ Phone _____ Years Known _____

Address _____

Emergency Contact

In case of emergency, please notify:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the "integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature _____ Date _____

CRIMINAL HISTORY AFFIDAVIT

PLEASE READ CAREFULLY

- Photo identification is REQUIRED and must be PRESENTED in order for your criminal history to be obtained.
- NO information about you will be released to third parties.
- You must provide all Information requested below and this form MUST be signed in the presence of a notary public at the Danielsville City Hall.
- Once accessed and received for the stated purpose (alcohol handling permits), the City of Danielsville will NOT keep a copy of your criminal history on file and will shred-printed copies if one is made. If you wish to have a copy printed for your records, the cost will be \$0.25 per page.

Applicant Information

Full Legal Name: _____

Mailing Address: _____

Telephone Number(s): _____

Sex: _____

Hair Color: _____

Race: _____

Date of Birth: _____

Height: _____

Social Security Number: _____

Weight: _____

Driver's License Number : _____

Eye Color: _____

City and State of Birth: _____

Purpose of Request: _____

I _____, am at least 18 years of having been born on _____. I hereby authorize the City of Danielsville to access and receive criminal history record information (CHRI) on me through either the U.S. Department of Justice or any state or county agency anywhere in the United States and to disclose that information to hiring authorities or relevant parties for the purposes of a background investigation.

Applicant's Signature

Sworn to and subscribed before me this
____ Day of _____, 20____.

Notary Public _____

SEAL

Danielsville Police Department

Qualified Disqualified

Reason for Disqualification:

Approved by: _____