

CITY OF PERRY

P.O. Box 2030
Perry, Georgia 31069

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Please Print

Position applied for: _____ Date: _____

I. PERSONAL

Name _____ Social Security No. _____

Present address _____

Telephone _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

If Yes, give date _____

Have you ever been employed with us before?

Yes No

If Yes, give date _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes No

Proof of citizenship or immigration status will be required upon employment.

Have you been convicted of a felony within the last 7 years?

Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

Do You have a valid Georgia Driver's License?

Yes No

II. MILITARY

Have you ever had any job-related training in the United States military?

Yes No

If Yes, please describe _____

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status: _____

III. EDUCATION:

	Elementary School	High School	Undergraduate College/University	Graduate / Professional
School Name and Location				
Years Completed Diploma/Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities				
Describe any honors you have received				

IV. EMPLOYMENT HISTORY—BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT

1. Name of Employer		Address	
From	To	Name, Title and Phone # of Immediate Supervisor	
Position held or Title	Starting Salary	Ending Salary	
	\$ Year	\$ Year	
Type of Work or Major Duties/Responsibilities:			
Major Accomplishments:			
Reason for Leaving:			
2. Name of Employer		Address	
From	To	Name, Title and Phone # of Immediate Supervisor	
Position held or Title	Starting Salary	Ending Salary	
	\$ Year	\$ Year	
Type of Work or Major Duties/Responsibilities:			
Major Accomplishments:			
Reason for Leaving:			
3. Name of Employer		Address	
From	To	Name, Title and Phone # of Immediate Supervisor	
Position held or Title	Starting Salary	Ending Salary	
	\$ Year	\$ Year	
Type of Work or Major Duties/Responsibilities:			
Major Accomplishments:			
Reason for Leaving:			

4. Name of Employer		Address	
From	To	Name, Title and Phone # of Immediate Supervisor	
Position held or Title		Starting Salary	Ending Salary
		\$ Year	\$ Year
Type of Work or Major Duties/Responsibilities:			
Major Accomplishments:			
Reason for Leaving:			

GENERAL INFORMATION: LIST OFFICE MACHINES WHICH YOU CAN OPERATE

Typing Speed _____ WPM
 Shorthand Speed _____ WPM

V. REFERENCES:

If presently employed, have you given formal termination? _____ Yes _____ No

May we make inquiries of your present employer? _____ Yes _____ No

PERSONAL REFERENCES: Give names of three citizens personally acquainted with your reputation. Do not give names of relatives or former employers.

Name	Address	Years Known	Occupation	Phone
1.				
2.				
3.				

VI. POSITION YOU ARE APPLYING FOR: _____

REASON (Include your own personal reasons why you feel you can do this job.) _____

If employed, how soon could you start work? _____

OTHER COMMENTS: _____

I UNDERSTAND that as part of your procedure for processing my application, an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. I understand that the CITY will notify me if my application is turned down due to any credit information obtained by the CITY. At this time, the CITY will supply me with the name and address of the person or agency giving the adverse information.

I HEREBY CERTIFY that the answers given by me to the foregoing questions and the statements made by me are full and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of facts called for in this application, or any supplements thereto, are cause for rejection of my application or discharge at any time during my employment. I voluntarily authorize my former employers, schools, and persons named herein to give information regarding me, whether or not such information is a part of their records. I hereby release said organizations or persons from any liability or damages whatsoever for issuing this information.

I UNDERSTAND that as a condition of employment, I may be required to pass an employment physical and any future physical examination required by the CITY. I understand that such employment is subject to the policies of the CITY and the passing of any required written, physical ability or skill examination. It is understood that the use of this form does not indicate that there are any position openings and does not in any way obligate the CITY.

Furthermore, I understand that this application will remain active for 60 days from date of signature. After that time, I must request by person, mail, or phone continued activation of this application or file a new one.

Signed: _____ Date: _____

NOTE: This application will be retained on file for 60 days.

THE CITY OF PERRY IS AN EQUAL OPPORTUNITY EMPLOYER.

FOR OFFICE USE ONLY:

Date Hired: _____ Department _____

Job Title: _____ Salary: _____ Position: _____

VII. INTERVIEWER'S COMMENTS:

**City of Perry
Perry Police Department
Criminal History Consent Form**

Criminal History Record

I hereby authorize _____ representing _____
(Name of person to receive report) (Name of business or organization)

to receive any and all criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency.

_____ **Print Full Name** _____ **Social Security Number**

_____ **Street Address** _____ **City** _____ **State** _____ **Zip**

_____ **Sex** _____ **Race** _____ **Date of Birth**

_____ **Signature** _____ **Date**

Reason for this report:

- Apartment Rental/Employment** (Purpose Code E)
- Employment with mentally disabled** (Purpose Code M)
- Employment with elder care** (Purpose Code N)
- Employment with children** (Purpose Code W)
- Employment with Criminal Justice agency (non-sworn)** (Purpose code J)
- Employment with Criminal Justice agency (sworn)** (Purpose code Z)

Notary

_____ **Signature** _____ **Date**

My Commission Expires: _____

PLEASE ATTACH COPY OF PHOTO I.D.

PERRY POLICE DEPARTMENT

_____ I certify that I have conducted a criminal history check in accordance with GCIC regulations on the person named above and the results were that, as of this date, this individual has no record on file.

_____ A record on the person named above is attached.

_____ No NCIC/GCIC warrant results available.

_____ Possible NCIC/GCIC warrant contact agency listed below.

Wanting Agency Name: _____

Agency Phone Number: _____

Name: _____

Date: _____

SID Number _____