

# APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)	Social Security Number (Voluntary)	

Best time to contact you at home is: ..... :.....<sup>AM</sup>/<sub>PM</sub>

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 \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? .....  Yes  No

Are you currently employed? .....  Yes  No

May we contact your present employer? .....  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status  
*Proof of citizenship or immigration status will be required upon employment.* .....  Yes  No

Date available for work \_\_\_/\_\_\_/\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full-Time (please indicate 1 2 3 shift)

Part-Time (please indicate Mornings Afternoon Evenings)

Temporary (please indicate dates available \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_)

Are you currently on "lay-off" status and subject to recall? .....  Yes  No

Can you travel if a job requires it? .....  Yes  No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military.

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# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)		Hourly Rate/Salary	
			Starting	Final
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)		Hourly Rate/Salary	
			Starting	Final
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)		Hourly Rate/Salary	
			Starting	Final
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)		Hourly Rate/Salary	
			Starting	Final
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

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

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

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# ADDITIONAL INFORMATION

### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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### SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____

*State any additional information you feel may be helpful to us in considering your application.*

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**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?       YES     NO

### REFERENCES

1. \_\_\_\_\_ (Name) \_\_\_\_\_ (Address) \_\_\_\_\_ Phone #

2. \_\_\_\_\_ (Name) \_\_\_\_\_ (Address) \_\_\_\_\_ Phone #

3. \_\_\_\_\_ (Name) \_\_\_\_\_ (Address) \_\_\_\_\_ Phone #

# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_  
\_\_\_\_\_

INTERVIEWER DATE

Employed  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
NAME AND TITLE DATE

*This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.*

**APPLICANT RELEASE/ORDER FORM**

COMPANY City of Sugar Hill CONTACT Jane Whittington  
ACCOUNT NUMBER 900111 PHONE 770-945-6716 Email: jwhittington@cityofsugarhill.com

In connection with my application for employment (including contract for services), I understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on me including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports will include experience along with reasons for termination of past employment. Further, understand that information from various Federal, State, local and other agencies which contain your past activities will be requested.

By signing below, you hereby authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

I have the right to make a request of INTELLICHOICE, INC., upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request.

For **California applicants** only, if you would like to receive a copy of the credit report, if one is obtained, please check this box.  For **Minnesota or Oklahoma applicants** only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box.

For **New York applicants** only, I acknowledge receipt of a copy of Article 23-A of New York Correction Law.

**Applicants Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PRINT ALL INFORMATION**

Full Name \_\_\_\_\_ SSNumber \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_ Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

Addresses (Past 7 years)

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Years there: From \_\_\_\_\_ To \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Years there: From \_\_\_\_\_ To \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Years there: From \_\_\_\_\_ To \_\_\_\_\_

**Client Order Form**

**SERVICE CHOICES**

\_\_SSNumber Verification

\_\_Criminal arrests/convictions, Statewide: Circle one: AL,AR\*,CO,CT,DC,DE,FL,GA,HI,IA,ID,IL,KS, KY, MA,ME,MI,MN,MO,MT,NC,NE,NH\*,NJ,NM\*, NY, OK,OR,PA,RI,SC,SD,TN,TX,VT,WA,WI

\_\_Criminal arrests/convictions, County: State \_\_\_\_\_ City \_\_\_\_\_

\_\_Driving Record

\_\_National Sex Offender Search

\* Special release forms are required for these searches. Please call for more information.

Number of pages in fax \_\_\_\_\_

Fax to: 678-317-0940

Phone: 770-205-1828