

# CITY OF BROOKLET EMPLOYMENT APPLICATION

## Employment Application Instruction Sheet

This employment application is not an offer of employment, or a contract for employment, The completion of this application or any other instrument does not stand as an agreement, or promise to hire the applicant, and any statement to the contrary by an employee is void.

1. Please print or type.
2. Complete all questions in detail where explanations are necessary.
3. Any questions not pertaining to you individually, list an N/A.
4. If more writing space is needed throughout this application form, use additional sheets of paper, listing the section number and the questions to be further explained.

### Important

Truthful and complete responses to this application are a necessity. Information or acquiescing in false information being supplied on the application is a violation of the Criminal Code of Georgia (Ga. L. 1968, pp 1239, 1310) and upon conviction is punishable by a fine of not more than \$1,000.00 or by imprisonment for not less than 1 nor more than 5 years, or both.

This information will be subject to confirmation by administrative investigation, polygraph, and/or other forms of testing if so determined by the hiring authority. Exclusive of the aforementioned statement, all information which is recorded in the application, will be used on in relation to determining the suitability and qualification of the applicant for employment only, and no other purpose.

By signing this application you attest that the information you have provided is true and correct at the time it is completed.

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Printed Name

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Signature

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Position Applied For

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Telephone Number

City of Brooklet, Ga. 30415 912-842-2137

PLEASE PRINT

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Are you at least 18 years of age? YES NO Date Available to Start: \_\_\_\_\_

Hours Requested (please circle) Full Time Part Time

How did you find out about this position? \_\_\_\_\_

Do you have any relatives or friends working here? \_\_\_\_\_

Please list: \_\_\_\_\_

**POSITION INFORMATION**

Position(s) Applying For: \_\_\_\_\_

Have you ever worked for this organization? \_\_\_\_\_

If so, date(s) \_\_\_\_\_ Prior position(s) here: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

**WORK REQUIREMENTS AND GENERAL INFORMATION**

Are legally eligible to work in the U.S.? YES NO

Do you have a valid Driver's License? YES NO

Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_

Issued by what State? \_\_\_\_\_ Driver's License #: \_\_\_\_\_

List all moving violations (convictions) and accidents and any suspensions or revocations of your license in the last five years: \_\_\_\_\_

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Have you ever been convicted, or pled guilty or no contest or charged for a felony or misdemeanor, including a DUI/DWI or similar offense, had any moving violations, or had your license revoked or suspended?

YES NO

If yes, explain: \_\_\_\_\_

*A conviction will not necessarily disqualify you from employment.*

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid? YES NO

If yes, explain: \_\_\_\_\_

**EMPLOYMENT HISTORY**

*(List your last three employers or volunteer activities, starting with the most recent.)*

I.

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_

End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_ May we contact?: YES NO

Reason for leaving: \_\_\_\_\_

II.

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_

End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_

May we contact?: YES NO

Reason for leaving: \_\_\_\_\_

III.

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_

Salary: \_\_\_\_\_

End Date: \_\_\_\_\_

Salary: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_

May we contact?: YES NO

Reason for leaving: \_\_\_\_\_

MILITARY:

BRANCH OF SERVICE	DATE BEGAN	DATE ENDED	RANK & DUTIES	DATE DISCHARGED	LOCATION

Explain any gaps in employment: \_\_\_\_\_

**PAST EMPLOYMENT**

Have you ever been:

- Placed on probation or terminated for excessive absenteeism? YES NO
- Disciplined or fired for insubordination? YES NO
- Disciplined or fired for violation of safety rules? YES NO
- Disciplined or fired for assault or fighting? YES NO
- Disciplined or fired for harassment? YES NO
- Disciplined or fired for patient abuse? YES NO
- Disciplined or fired for alcohol or drug related activity at work? YES NO

If you answered yes to any question above, please explain: \_\_\_\_\_

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Answers of Yes for any of the above questions will not necessarily disqualify you from employment.

**EDUCATION AND TRAINING**

**HIGH SCHOOL:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years completed: \_\_\_\_\_

Did you graduate? YES NO If not, highest grade completed: \_\_\_\_\_

Have you received your GED? YES NO

**COLLEGE:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years completed: \_\_\_\_\_

Did you graduate? YES NO If not, highest year completed: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

**OTHER COLLEGE:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years completed: \_\_\_\_\_

Did you graduate? YES NO If not, highest year completed: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

**TECHNICAL SCHOOL:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

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Years completed: \_\_\_\_\_

Did you graduate? YES NO If not, highest year completed: \_\_\_\_\_

Certificate: \_\_\_\_\_ License: \_\_\_\_\_

Expires: \_\_\_\_\_ Expires: \_\_\_\_\_

OTHER SCHOOL/TRAINING:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years completed: \_\_\_\_\_

Did you graduate? YES NO If not, highest year completed: \_\_\_\_\_

Certificate: \_\_\_\_\_ License: \_\_\_\_\_

Expires: \_\_\_\_\_ Expires: \_\_\_\_\_

OTHER: \_\_\_\_\_

Describe any additional qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering your application:

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

**REFERENCES**

List three persons, other than relatives, who have knowledge of your work experience and/or education.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

\_\_\_\_\_

Years Known: \_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_

List two personal references that have known you for at least three years outside work.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

How they know you: \_\_\_\_\_

\_\_\_\_\_

Years Known: \_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

How they know you: \_\_\_\_\_

\_\_\_\_\_

Years Known: \_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_



Signature of Applicant

Date

## EMPLOYMENT NOTIFICATION AND ACKNOWLEDGMENT

The purpose of this release is to allow the City of Brooklet, Georgia (referred to as "Company"), Professional Screening & Information, Inc. (PSI), or their assigns, to obtain pre-employment information as part of my application for employment, which may include any lawful investigation not limited to my educational, criminal, driving, credit, and employment histories, while maintaining compliance with all governmental laws. I also consent to the company obtaining such information if I am employed by the company for any employment purpose.

I also agree that this Notification and Acknowledgement in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

A copy of PSI's Privacy Policy can be found at <http://www.psibackgroundcheck.com/privacy-policy.shtml>.

CA, MN and OK residents only: Check here if you would like to receive a copy of your report

I certify that the information contained below is complete and true. I have read this Notification and Acknowledgment, understand its terms, realize its significance, consent to a background investigation as part of the application process and if employed, during my employment as well, and sign this form voluntarily.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

THE INFORMATION BELOW BEING REQUESTED IS FOR BACKGROUND INVESTIGATION PURPOSES ONLY AND WILL NOT BE USED FOR ANY OTHER PURPOSE.

### PLEASE PRINT

Full Legal Name (As shown on SSN/ID Card):

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden Name (First, Middle, Last): \_\_\_\_\_ Dates Used (from-to): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth (Month-Day-Year): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Cell #: ( \_\_\_\_\_ ) \_\_\_\_\_ Home #: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\*(Optional): Race: \_\_\_\_\_ Sex  Male  Female Position Applied For: \_\_\_\_\_

### Current address

### Month/Year

• Street: \_\_\_\_\_ From: \_\_\_\_\_  
City, State (County), Zip Code: \_\_\_\_\_ To: \_\_\_\_\_

### Chronologically list all places of residence for the past seven years

### Month/Year

• Street: \_\_\_\_\_ From: \_\_\_\_\_  
City, State (County), Zip Code: \_\_\_\_\_ To: \_\_\_\_\_

• Street: \_\_\_\_\_ From: \_\_\_\_\_  
City, State (County), Zip Code: \_\_\_\_\_ To: \_\_\_\_\_

• Street: \_\_\_\_\_ From: \_\_\_\_\_  
City, State (County), Zip Code: \_\_\_\_\_ To: \_\_\_\_\_

### COMPANY USE ONLY

Client: City of Brooklet, Georgia

Location: Police Department

Note:

✓ **PLEASE NOTE:** For all Motor Vehicle Reports, a clear and legible copy of the applicant's driver's license is required.

## FCRA Disclosure and Authorization

- Under the FCRA (Fair Credit Reporting Act), before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization.
- I am aware I have the right to make a written request to Professional Screening & Information, Inc., Post Office Box 644, Rome, Georgia 30162; call them collect at 1-877-235-7574, or contact them via the internet at [www.psibackgroundcheck.com](http://www.psibackgroundcheck.com) to obtain a free copy of my background investigation, within a reasonable period of time, **if an employment decision has been influenced by information contained in a background investigation report.**
- In addition, a summary of your rights will be made available to you under the Fair Credit Reporting Act.
- California, Oklahoma, and Minnesota residents are entitled to a free copy of their consumer report upon request and will be provided with a separate Notification and Acknowledgement form to complete.

**By signing below I certify that I have carefully read and understand this Disclosure and Authorization.**

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FOR PERSONNEL USE ONLY**

## EMPLOYMENT REFERENCES

Applicants Name: \_\_\_\_\_

Telephone Number (s): (     ) \_\_\_\_\_ (Home)     (     ) \_\_\_\_\_ (Cellular)

**\*Please provide your 2 most recent employers, beginning with the most recent. You should list full-time and part-time work, self-employment, other paid work, and any periods of unemployment.**

1. Month/Year to Present:	Employers Name:	Position/Title:
*May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address of Employer	City (County)     State     Zip Code	Telephone Number:
Immediate Supervisor:	Telephone Number of Supervisor:	Reason for Leaving:
Salary/Earnings:		
Starting \$ _____ per _____     Ending \$ _____ per _____		
Average Number of Hours Worked per Week: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Work Description (Describe your specific duties and, if applicable, include all supervisory, managerial, and professional experience.)		

2. Month/Year:	Employers Name:	Position/Title:
*May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address of Employer	City (County)     State     Zip Code	Telephone Number:
Immediate Supervisor:	Telephone Number of Supervisor:	Reason for Leaving:
Salary/Earnings:		
Starting \$ _____ per _____     Ending \$ _____ per _____		
Average Number of Hours Worked per Week: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Work Description (Describe your specific duties and, if applicable, include all supervisory, managerial, and professional experience.)		

## SOCIAL ACQUAINTANCES

Applicant's Name: \_\_\_\_\_

**\*List five people whom you know well. They should be a professional acquaintance, peer, colleague or friend, whose combined association with you covers as much as possible of the last 10 years. DO NOT list your spouse, former spouse, or other relatives, and DO NOT list anyone who is listed elsewhere in this application.**

1. Complete Name (Last, Middle, First):	Home Address: _____
Years Acquainted and Relationship:	(City, State, Zip Code): _____
Approximate Age:	Home Phone (Including Area Code): _____
Occupation:	Business Address: _____
	Cell Phone (Including Area Code): _____

2. Complete Name (Last, Middle, First):	Home Address: _____
Years Acquainted and Relationship:	(City, State, Zip Code): _____
Approximate Age:	Home Phone (Including Area Code): _____
Occupation:	Business Address: _____
	Cell Phone (Including Area Code): _____

3. Complete Name (Last, Middle, First):	Home Address: _____
Years Acquainted and Relationship:	(City, State, Zip Code): _____
Approximate Age:	Home Phone (Including Area Code): _____
Occupation:	Business Address: _____
	Cell Phone (Including Area Code): _____

4. Complete Name (Last, Middle, First):	Home Address: _____
Years Acquainted and Relationship:	(City, State, Zip Code): _____
Approximate Age:	Home Phone (Including Area Code): _____
Occupation:	Business Address: _____
	Cell Phone (Including Area Code): _____

5. Complete Name (Last, Middle, First):	Home Address: _____
Years Acquainted and Relationship:	(City, State, Zip Code): _____
Approximate Age:	Home Phone (Including Area Code): _____
Occupation:	Business Address: _____
	Cell Phone (Including Area Code): _____

## EDUCATION VERIFICATION

**Applicant's Name:** \_\_\_\_\_

**\*List all schools, colleges and/or universities you have attended and/or graduated from, beginning with the most recent.**

<b>College and/or University Name:</b>				
Address	City (County)	State	Zip Code	Telephone Number:
Dates of Enrollment:				
From:	To:	Graduation Date:		
Course of Study:				
Major:		Minor:		
Degree/Diploma/Certificate:				
<b>College and/or University Name:</b>				
Address	City (County)	State	Zip Code	Telephone Number:
Dates of Enrollment:				
From:	To:	Graduation Date:		
Course of Study:				
Major:		Minor:		
Degree/Diploma/Certificate:				
<b>College and/or University Name:</b>				
Address	City (County)	State	Zip Code	Telephone Number:
Dates of Enrollment:				
From:	To:	Graduation Date:		
Course of Study:				
Major:		Minor:		
Degree/Diploma/Certificate:				