

# Application for Employment

**PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER**

LAST NAME  
FIRST  
MIDDLE INITIAL

## Personal Information

DATE \_\_\_\_\_

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	SECONDARY PHONE NO.	REFERRED BY:	

## Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN
REASON FOR LEAVING		
		NAME OF LAST SUPERVISOR AT THIS COMPANY
HOW DID YOU FIND OUT ABOUT THIS POSITION?		
<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> NEWSPAPER ADVERTISING	<input type="checkbox"/> FRIEND
<input type="checkbox"/> STATE EMPLOYMENT OFFICE	<input type="checkbox"/> COLLEGE PLACEMENT SERVICE	<input type="checkbox"/> WALK IN
		<input type="checkbox"/> ONLINE AD <input type="checkbox"/> OTHER
		<input type="checkbox"/> WEBSITE

## Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

## General Information

SUBJECT OF SPECIAL STUDY/RESEARCH WORK
SPECIAL TRAINING, CERTIFICATIONS, LICENSES
SPECIAL SKILLS, FOREIGN LANGUAGES, ETC.

## Military Service Record

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH OF SERVICE
DISCHARGE DATE	RANK

**Former Employers** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT)

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY \$	WEEKLY FINAL SALARY \$	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY \$	WEEKLY FINAL SALARY \$	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

**References** (LIST PROFESSIONAL REFERENCES WHOM WE MAY CONTACT)

NAME	ADDRESS	BUSINESS	PHONE

## Special Purpose Questions

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS BOX UNLESS THE EMPLOYER HAS CHECKED THE BOX PRECEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

Height \_\_\_\_\_ Feet \_\_\_\_\_ Inches  Weight \_\_\_\_\_ Lbs.  Are you a U.S. citizen?  Yes  No

Have you been convicted of a  Felony or  Misdemeanor within the last 5 years?  Yes  No. Describe \_\_\_\_\_

You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

I understand and agree that I may be required to take one or more:  physical examination;  drug test;  lie detector test, as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s).  Yes  No

I have been advised that lie detector tests, as a condition of hiring or continued employment, are prohibited by law.  Yes  No

Are you able to perform each of the following job functions with or without an accommodation?

JOB FUNCTION #1 \_\_\_\_\_

Yes  No

If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?  
\_\_\_\_\_  
\_\_\_\_\_

JOB FUNCTION #2 \_\_\_\_\_

Yes  No

If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?  
\_\_\_\_\_  
\_\_\_\_\_

JOB FUNCTION #3 \_\_\_\_\_

Yes  No

If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?  
\_\_\_\_\_  
\_\_\_\_\_

Were you ever seriously injured?  Yes  No Give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What foreign languages do you speak fluently? \_\_\_\_\_

What foreign languages do you write fluently? \_\_\_\_\_

What foreign languages do you read fluently? \_\_\_\_\_

## Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

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# City of Locust Grove Police Department

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**Jesse Patton**  
Chief of Police

**Georgia Bureau of Investigation**  
**Georgia Crime Information Center**

## Consent Form

79 Frances Ward Drive  
P.O. Box 900  
Locust Grove, Georgia  
30248  
(770) 957-7055  
(878) 583-3588 Fax  
[www.locustgrove-ga.gov](http://www.locustgrove-ga.gov)

I hereby authorize **THE CITY OF LOCUST GROVE** to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (print)

\_\_\_\_\_  
Current Address (include city/state)

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

By signing below, I give consent to the City of Locust Grove to perform periodic criminal history background checks for the duration of my employment with this company.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date