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? ☐ YES ☐ NO | IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ☐ YES ☐ NO | ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? ☐ YES ☐ NO

EVER APPLIED TO THIS COMPANY BEFORE? ☐ YES ☐ NO	WHERE	WHEN
EVER WORKED FOR THIS COMPANY BEFORE? ☐ YES ☐ NO	WHERE	WHEN

REASON FOR LEAVING

NAME OF LAST SUPERVISOR AT THIS COMPANY

HOW DID YOU FIND OUT ABOUT THIS POSITION? ☐ EMPLOYMENT AGENCY ☐ NEWSPAPER ADVERTISING ☐ FRIEND ☐ ONLINE AD ☐ OTHER ____ ☐ STATE EMPLOYMENT OFFICE ☐ COLLEGE PLACEMENT SERVICE ☐ WALK IN ☐ 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? ☐ YES ☐ 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? ☐ YES ☐ 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? ☐ YES ☐ 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? ☐ YES ☐ NO	
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 accomodation?

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

Do Not Write On This Page - For Interviewer's Use Only

INTERVIEWED BY	DATE
REMARKS	
NEATNESS	CHARACTER
PERSONALITY	ABILITY

INTERVIEWED BY	DATE
REMARKS	
NEATNESS	CHARACTER
PERSONALITY	ABILITY

INTERVIEWED BY	DATE
REMARKS	
NEATNESS	CHARACTER
PERSONALITY	ABILITY

HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED 1: EMPLOYMENT MANAGER:	DATE
APPROVED 2: DEPARTMENT MANAGER:	DATE
APPROVED 3: GENERAL MANAGER:	DATE

Interviewer: The additional information that may be necessary to complete an applicant's record can be obtained after hiring, during a POST HIRING INTERVIEW. Adams Item #9287 and Tops Item #3287 Employee's Record File contains a section for this purpose, while also serving as a means for up-to-date recording of employment status changes and for holding all employment forms.

This application for employment is sold only for general use throughout the United States. TOPS assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.

LOCUST GROVE POLICE DEPT.

3644 Hwy 42 • P.O. Box 900 • Locust Grove, GA 30248 • 770-957-7055 / 678-583-3591 • Fax: 678-583-3588

Georgia Bureau of Investigation
Georgia Crime Information Center

Consent Form

I hereby authorize 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)

_____
Address

_____ _____ _____ _____
Sex Race Date of Birth Social Security Number

_____
Signature

_____
Date

Special employment provisions (check if applicable):

☐ Employment with mentally disabled (Purpose code 'M')
☐ Employment with elder care (Purpose code 'N')
☐ Employment with children (Purpose code 'W')

One of the following must be checked:

☐ This authorization is valid for 90/180/_____ (circle one) days from date of signature.
☐ I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.