CITY OF REIDSVILLE

Telephone: (912) 557-4786 "Friendship City USA" Fax: (912) 557-3827

APPLICATION FOR EMPLOYMENT

An equal opportunity employer

Type or print clearly in ink and sign this application.

PERSONAL DATA

Enter your social security number: ___ - ___ - ___	For city office use only
Last Name First MI	
Apt # Address—Street or P.O. Box	Are you a city employee who has permanent status? Yes No
City State Zip County	Phone number where you can be reached: ( ) -

Information requested below for equal opportunity monitoring purposes.

Birthdate: Month Day Year	Sex: Male Female	US Citizen: Yes No	
Do you require special accommodations due to a handicap? Yes No	Have you ever been dismissed from any city or government position? Yes No		Have you been convicted of a felony? Yes No

JOB TITLE

If you are applying for an advertised job vacancy, put only that job title on this application.

	Choice	Specific Job Title Sought	Salary Desired
Do not submit without correct job titles; Do not request more than three.	1st		
	2nd		
	3rd		

Special skills and experience (check any that apply to you).

Dictaphone Driver's License Typing WPM _____ Bookkeeping
Keypunch CDL License POST Training Work nights

EDUCATION

Specific college hours must be listed in this section.

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12	High School Completed? Yes No		Vocational School		Area of Study	
Name and location of College attended:	Credit received: Quarter hours Semester hours		Field of Study: Major Hours		Type of Degree:	Date:

I certify that all information on this application and attached documents is correct. I authorize the City of Reidsville to verify this information and to release it to any other city that may consider me for employment.

_____ _____

Signature Date

WORK HISTORY

Describe your work history below, beginning with your current or most recent job, include military or volunteer experience.

If you worked for the same employer but at various times held different jobs, describe each separately. Describe in detail the specific duties beginning with your primary duties (Attach separate sheets if necessary.) Indicate the number and type of employees under your supervision. Emphasize work you feel relates to the job for which you are applying. Failure to give complete detailed information regarding each job held may result in your disqualification to be interviewed.

Current or Last Employer			Address	
Official Job Title			From Month/Year	To Month/Year
Hours per week	Starting salary	Ending salary	Reason for leaving	May we contact employer? Yes No
Details of Duties, number of persons supervised: _____ Managerial _____ Professional _____ Technical _____ Clerical				

Employer			Address	
Official Job Title			From Month/Year	To Month/Year
Hours per week	Starting salary	Ending salary	Reason for leaving	May we contact employer? Yes No
Details of Duties, number of persons supervised: _____ Managerial _____ Professional _____ Technical _____ Clerical				

Employer			Address	
Official Job Title			From Month/Year	To Month/Year
Hours per week	Starting salary	Ending salary	Reason for leaving	May we contact employer? Yes No
Details of Duties, number of persons supervised: _____ Managerial _____ Professional _____ Technical _____ Clerical				

Reidsville Police Department

Authorization and Release

Re Application of: _____
Name of applicant or Registrant

TO WHOM IT MAY CONCERN:

Having filed an application with the City of Reidsville, I hereby authorize and request every person, official, representative of a firm, corporation, association, organization or institution (collectively the "Authorized Persons") having control of any documents, records or other information pertaining to me or relevant to my character and fitness, to furnish the originals or copies of any such documents, records and other information to the City of Reidsville or any of its representatives and to permit the City of Reidsville or any of its representatives to inspect and make copies of any such documents, records or other information.

I also authorize the National Personnel Records Center and any other agency in possession of military records regarding the undersigned to release any such records, including, but not limited to, records of release from the military service (including an undeleted copy of my DD form 214) to the City of Reidsville or to the City's authorized medical representative.

I hereby further authorized Persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the City of Reidsville or its authorized representative and to appear before the City Council or its authorized representative of the City of Reidsville and to give full and complete testimony concerning the undersigned, including any information furnished by the undersigned. I hereby relinquish any and all rights to receive said information furnished to the City or its authorized representative. I fully understand that I shall not be entitled to have disclosed to me contents of any of the foregoing.

I hereby release, exculpate and exonerate the National Personnel Records Center and all Authorized Persons that comply in good faith with the authorization and request made herein from any and all liability of every nature and kind growing out of or in any way pertaining to the furnishing or inspection of such documents, records and other information or the investigation made by the City of Reidsville.

I understand that this authorization and Release shall by effective until a decision is made upon my application. A copy of this Authorization and Release shall by as authentic as the original.

STATE OF GEORGIA
COUNTY OF TATTNALL

Sworn to and subscribed before me this
_____day of_____, 20____, by _____
Signature of Applicant or Registrant

_____
Signature and Seal of Notary Public

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ (Agency/Company) to conduct an inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

☐ This authorization is valid for _____ days from date of signature.

☐ I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

_____ _____
Signature Date

_____ _____ _____
Attorney for Individual (Pur E and U Only) Bar Number Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

	NON-CRIMINAL JUSTICE PURPOSES
	E - Employment
	M - Working with Mentally Disabled
	N - Working with Elderly
	W - Working with Children
	P - Public Records (no consent required)
	F – Probate Court / Weapons Carry License
	PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)
	U - Personal Copy
	CRIMINAL JUSTICE EMPLOYMENT
	J - Civilian Criminal Justice Employment (State & III Info Received)
	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

	No Criminal Record Available
	Criminal Record (Attached/Released)
	No NCIC/GCIC Warrant
	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

_____ _____
Agency Designee Signature and Title

O.C.G.A. § 40-5-2(f)(4) authorizes local fire departments and law enforcement agencies access to Georgia driver's history records as part of an application for employment or any current employee for use relative to the performance of official duties with the local fire or law enforcement agency.

I hereby authorize the

_____

List Name of Law Enforcement Agency/Fire Department

To receive a copy of my Georgia Driver's History record as part of my application for employment, or for use relative to the performance of my official duties with the agency.

Full Name (print)	
Address	
Sex	
Race	
Date of Birth	
Social Security Number	
Driver's License Number	

This authorization is valid for 90 days from the date of signature.

_____ _____

Signature Date

To be completed by CJIS network operator:

Date of Inquiry	
Time of Inquiry	
Operator's Initials	

Date Results Provided	
Person Results Provided to	