City of Pelham

108 Hand Avenue
Pelham, Georgia 31779

Telephone: (229) 294-7900
Facsimile: (229) 294-6028

APPLICATION FOR EMPLOYMENT

The CITY OF PELHAM is an equal opportunity employer. All applicants are considered without regard to race, age, color, gender, ethnic group, national origin, religion, citizenship, marital status, sexual orientation, veteran status, physical or mental disability, or medical condition.

PERSONAL INFORMATION

Last Name	First	Middle Initial	Today's Date
Address			SS#
Home Telephone ( )	Work Telephone ( )	Email	Are you 18 or older? ☐ Yes ☐ No
Have you ever interviewed with this company or its affiliates before? ☐ Yes ☐ No If yes, provide date(s), location(s), and position(s) applied for:			
Have you ever been employed by this company or its affiliates? ☐ Yes ☐ No If yes, provide date(s), location(s), and position(s):			
Do you have any relatives employed by this company or its affiliates? ☐ Yes ☐ No If yes, provide name(s), location(s), and position(s):			

EMPLOYMENT DESIRED

Position Applied for:			Department:
Are you currently employed? ☐ Yes ☐ No			Date Available for work:
How did you find out about this position?			
Would you like to work: (check all that apply)	☐ Full-time only ☐ Part-time only	☐ Summer ☐ Temporary	☐ Full-time or Part-time

EDUCATION

Level	Name and Address	Date Graduated/ Level Completed	Major Studies	Degree/Diploma License/Certificate
High School				
College				

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MILITARY

Branch	Dates of Service	Final Rank	Assignment
Are you now a member of the National Guard? ☐ Yes ☐ No			

SKILLS (not all may be necessary for the job you seek)

Do you type? ☐ Yes ☐ No If yes, what is your WPM?		
Foreign Languages:		
Computer Skills (Hardware/Software):		
Other Skills, Knowledge, Areas of Expertise:		
Driver's License #:	State:	Type:

EMPLOYMENT HISTORY

Please list employment record, starting with the most recent.

Dates	Employer Name and Address	Supervisor Name and Job Title	Phone #
Job Title			Reason for Leaving
Duties, Responsibilities, Promotions			Salary Start: End:
Dates	Employer Name and Address	Supervisor Name and Job Title	Phone #
Job Title			Reason for Leaving
Duties, Responsibilities, Promotions			Salary Start: End:
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Dates	Employer Name and Address	Supervisor Name and Job Title	Phone #
Job Title			Reason for Leaving
Duties, Responsibilities, Promotions			Salary Start: End:

REFERENCES

Please provide three references (not relatives or previous employers).

Name	Address	Phone:
		Relationship:
		Years Known:
Name	Address	Phone:
		Relationship:
		Years Known:
Name	Address	Phone:
		Relationship:
		Years Known:

GENERAL

Are you currently employed? ☐ Yes ☐ No If yes, may we contact your present employer? ☐ Yes ☐ No
Will you be able to perform the job functions for the position you are applying for with or without reasonable accommodation? ☐ Yes ☐ No
If offered employment, will you be able to provide proof of identity and authorization to work in the U.S.? ☐ Yes ☐ No

APPLICANT STATEMENT

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I understand and agree to the following:

This application is not a contract of employment. Should the employer hire me and should any of the information I have given in this application be found false, misleading, or incomplete, I shall be subject to dismissal.

The employer follows an "at will" employment policy, meaning I or the employer may terminate employment at any time for any reason consistent with applicable law.

All hired persons must provide proof of identity and authorization to work in the US. Failure to produce such proof will result in denial of employment.

I authorize investigation of all statements given on this application. The employer may contact any educational institution, reference, or employer listed on this application, except my current employer if so noted, to verify the information I have given. I hereby release all involved parties from any liability arising from such an investigation.

I certify that all the information given in this application is complete and true.

_____ _____

Signature of Applicant Date

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AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant: _____

Social Security No.: _____

Date of Birth: _____

I request and give authorization for you to furnish the City of Pelham all information you have concerning my employment, character, reputation, finances, school, divorce, arrest, physical and mental health records, including all information of a confidential or privileged nature, information through GCIC (Georgia Crime Information Center), and copies of same if requested by the City of Pelham. This information is to be used to assist in determining my qualifications and fitness for employment by the City of Pelham. I hereby release you, your organization, the City of Pelham and others from any liability or damage which may result from furnishing the requested information.

Signature: _____ Date: _____

AFFADAVIT

STATE OF GEORGIA
COUNTY OF MITCHELL

Before me personally appeared the said _____,
who said that he/she executed the above of his/her own free will and accord with the full knowledge of the purpose thereof.

Sworn to me and subscribed in my presence this _____ day of
_____, in the year _____.

My Commission expires: _____

Notary Public: _____

Georgia Bureau of Investigation

City of Pelham
Application for Employment

Georgia Crime Information Center

Consent Form

I hereby authorize the CITY OF PELHAM POLICE DEPARTMENT 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.

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Georgia Bureau of Investigation
Georgia Crime Information Center

Georgia Driver's History Consent Form

I hereby authorize the CITY OF PELHAM POLICE DEPARTMENT to receive a copy of my Georgia driver's history information as part of my application for criminal justice employment, or for use relative to the performance of my official duties with this agency.

_____

Full Name (Print)

_____ _____ _____

Sex Date of Birth Driver's License Number

_____

Signature

_____

Date

2006-09 Attachment
GCIC Consent Form
July 2006

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize CITY OF PELHAM (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)
	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