

Give name, relationship, & department of any relatives who are employed by the City of Centerville.

Do you use tobacco products? No Yes If yes, explain:

DRIVER'S HISTORY INFORMATION:

Do you have a valid Drivers License? No Yes

License # _____ Class _____ State _____

Have you received any traffic violations in the past 3 years? No Yes If yes, list type of offense and dates:

CRIMINAL HISTORY INFORMATION:

Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a misdemeanor? (For example: DUI, Bad Checks, etc.) No Yes (Omit non-moving traffic violations/parking tickets and any offense which was finally adjudicated in a Juvenile Court or under a Youth Offender Law). If yes, describe the circumstances: (Date, Place, Charges, Disposition). Use additional sheets if necessary.

Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a felony?

No Yes If yes, describe the circumstances: (Date, Place, Charges, Disposition). Use additional sheets if necessary.

NOTE: An applicant convicted of a criminal offense involving the manufacture, distribution, trafficking, or sale of a controlled substance, dangerous drugs or marijuana, or convicted of any felony involving a violent crime such as assault with a deadly weapon, aggravated assault or murder are ineligible for employment with the City of Centerville, Georgia. Such applicants shall be automatically rejected. Applicants convicted of any other felony will be considered on a case-by-case basis. An applicant who has been convicted of any felony or misdemeanor and has received a pardon from the appropriate State Pardons Parole Board shall be eligible for employment with the City of Centerville, Georgia.

Have you ever been suspended, demoted, dismissed or asked to resign from any job? No Yes

If yes, explain in detail:

EDUCATION

High School

Name _____ Address: _____
 (Name of the high school or state authority issuing the diploma or certificate)

Circle highest grade completed: 7 8 9 10 11 12 Graduated? No Yes
 If not a high school graduate, do you have a GED? No Yes

Please complete the following section for post-secondary education (Technical Schools/Colleges/Universities):

Name of School	City	State	If No Degree, Hours Earned		Major	Type of Degree	Degree Earned yes/no
			Quarter	Semester			

Describe any specialized training, qualifications, apprenticeship, skills, and extra-curricular activities which relate to the job for which you are applying. Include office equipment, computer skills, foreign language skills, typing skills, and business equipment or machine operating skills which may relate to the position for which you are applying. Use **additional sheets if necessary.**

REFERENCES – Give names, addresses, and telephone numbers of three (3) references that **ARE NOT** related to you and **ARE NOT** previous employers.

1. _____
 Name Phone #

Address: Street Apt # City State Zip Code

2. _____
 Name Phone #

Address: Street Apt # City State Zip Code

3. _____
 Name Phone #

Address: Street Apt # City State Zip Code

Work History

Describe your work history **beginning with your current or most recent job**. Include military and volunteer experience and periods of unemployment. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes and telephone numbers for all employers are necessary. **A resume may be attached only as additional information and will not be accepted in lieu of completing this section.** Use additional sheets if necessary.

Name of Organization or Firm: _____ Telephone: _____

Address: _____ Dates Employed:
Street From: Mo/Yr _____ To: Mo/Yr _____

City State Zip Code

Name of Your Supervisor: _____ Pay Start: _____ End: _____

Your Official Job Title: _____

Specific Reason for Leaving: _____

Describe Your Specific Job Duties: _____

Name of Organization or Firm: _____ Telephone: _____

Address: _____ Dates Employed:
Street From: Mo/Yr _____ To: Mo/Yr _____

City State Zip Code

Name of Your Supervisor: _____ Pay Start: _____ End: _____

Your Official Job Title: _____

Specific Reason for Leaving: _____

Describe Your Specific Job Duties: _____

Name of Organization or Firm: _____ Telephone: _____

Address: _____ Dates Employed:
Street From: Mo/Yr _____ To: Mo/Yr _____

City State Zip Code

Name of Your Supervisor: _____ Pay Start: _____ End: _____

Your Official Job Title: _____

Specific Reason for Leaving: _____

Describe Your Specific Job Duties: _____

Name of Organization or Firm: _____ Telephone: _____

Address: _____ Dates Employed:
Street From: Mo/Yr _____ To: Mo/Yr _____

City State Zip Code

Name of Your Supervisor: _____ Pay Start: _____ End: _____

Your Official Job Title: _____

Specific Reason for Leaving: _____

Describe Your Specific Job Duties: _____

Please use this space for additional information pertinent to your education, training and experience:

Authorization to Release Information
Conditions of Employment

I have made application for employment with the City of Centerville, Georgia. I authorize any persons or organizations to give you provide the City of Centerville with any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, whether or not it is in their records, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage whatsoever for issuing same.

Furthermore, if I am employed by the City of Centerville, Georgia, I agree to conform to the policies, rules, orders and regulations of the government set forth in the City of Centerville, Georgia's Personnel System, employee handbook, policies, and ordinances; and acknowledge that these policies, rules, and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option.

I further acknowledge that if I become employed with the City of Centerville, Georgia, my employment will be at-will and may be terminated with or without cause at any time by me or by the employer until such time that I am no longer on my initial trial period, and become a regular status employee.

If required by the City of Centerville, Georgia Government for the position which I am applying, I consent to undergo a physical examination and/or psychological examination after I have received a conditional offer of employment, as deemed necessary.

THIS APPLICATION WILL REMAIN ACTIVE FOR NINETY (90) DAYS ONLY UNLESS RENEWED PERSONALLY BY ME IN WRITING.

Before an applicant can be employed with the City of Centerville, Georgia they must successfully pass a drug test. Should you become an employee with the City of Centerville, Georgia, your position may require random drug testing.

May we contact your present employer? No Yes Presently not employed

You must sign the "Authorization to Release Information" form to enable us to contact prior employers, even though we may not contact your present employer.

Date: _____ Signature: _____

Alcohol and Controlled Substance Testing

As a condition of employment with the City of Centerville, Georgia, you will be required to submit to an alcohol and controlled substance test. Employees must, as a condition of employment, abide by our policies regarding the effects of drug use and the unlawful possession of controlled substances. Employees are expected to report for work without the effects of illegal drugs and alcohol in their bodily systems. Employees must report any conviction under a criminal drug statute for such violations. A report of the conviction must be made within five (5) days after the conviction. (This requirement is mandated by the Drug-Free Workplace Act of 1988). In order to be employed by the City of Centerville, Georgia, you must successfully pass the aforementioned testing.

By signing this form, I acknowledge the above and consent to such an examination and test.

Date: _____ Applicant's Signature: _____

Applicant's Certification and Agreement

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I am aware that the falsification of this application or the omission of complete information will result in disqualification, or upon discovery, termination of employment. The City of Centerville, Georgia is hereby authorized to make any investigation of my prior educational and work history. Finally, I agree that all records generated for purposes of employment are property of and shall remain the sole and exclusive property of the City of Centerville, Georgia.

Date _____ Applicant's Signature _____

Resumes, letters of reference, etc. submitted with the application become the property of the City of Centerville, Georgia and will not be returned. The information you have provided on the application is subject to public disclosure under the Georgia Open Records Act.

ALL OFFICIAL APPLICATIONS MUST CONTAIN ORIGINAL SIGNATURES.

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

I hereby authorize the Centerville 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 (AT LEAST ONE BLOCK MUST BE CHECKED)

- Criminal Justice Employment (Sworn Personnel) (Purpose code "Z")
- Criminal Justice Employment (Civilian Personnel) (Purpose code "J")
- Other authorized Non-Criminal Justice purposes (Purpose code "E")
- Employment with children (Purpose code "W")
- Employment with mentally disabled (Purpose code "M")
- Employment with elder care (Purpose code "N")

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 City of Centerville to perform periodic criminal history background checks for the duration of my employment with the City of Centerville.**

Signature

*

Signature of Parent/Guardian

** Parental/Guardian consent is required for applicants under age 18.*

**Notice: unless all blanks are completed on this form and the form is notarized no information will be released.
Sworn To And Subscribed Before Me**

This _____ Day of _____, 20____

Notary Public

Application Checklist

Please provide a copy of the following documents with your complete application packet.

- GED or High School Diploma or College Transcripts
- 7 Year Driver's History (Can be obtained from the DMV for a small fee)
- Driver's License.