

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

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

DRIVER'S HISOTRY INFORMATION:

Do you have a valid Driver's 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 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 Number _____

Address: Street _____ Apt # _____ City _____ State _____ Zip Code _____

2. _____
Name _____ Phone Number _____

Address: Street _____ Apt # _____ City _____ State _____ Zip Code _____

3. _____
Name _____ Phone Number _____

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 period 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/firm: _____ Telephone: _____

Address: _____
Street _____ City _____ State _____ Zip Code _____

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

Name of your supervisor: _____

Pay Start: _____ End: _____

Your Official Job Title: _____

Specific reason for leaving: _____

Describe your Specific Job Duties: _____

Name of Organization/firm: _____

Telephone: _____

Address: _____

Street

City

State

Zip Code

Dates Employed: From: Mo/Yr _____

To: Mo/Yr _____

Name of your supervisor: _____

Pay Start: _____ End: _____

Your Official Job Title: _____

Specific reason for leaving: _____

Describe your Specific Job Duties: _____

Name of Organization/firm: _____

Telephone: _____

Address: _____

Street

City

State

Zip Code

Dates Employed: From: Mo/Yr _____

To: Mo/Yr _____

Name of your supervisor: _____

Pay Start: _____ End: _____

Your Official Job Title: _____

Specific reason for leaving: _____

Describe your Specific Job Duties: _____

Name of Organization/firm: _____

Telephone: _____

Address: _____

Street

City

State

Zip Code

Dates Employed: From: Mo/Yr _____

To: Mo/Yr _____

Name of your supervisor: _____

Pay Start: _____ End: _____

"We are an Equal Opportunity Employer and a Drug Free Workplace!"

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: _____

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 be 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.

Application Checklist

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

- ◇ GED or High School Diploma or College Transcript
- ◇ 7 Year Driver's History (Can be obtained from the DMV for a small fee)
- ◇ Driver's License
- ◇ Typing Test-if applicable (A free typing test can be obtained from the Georgia Department of Labor)

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ to conduct an inquiry for
Agency/Company
 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	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

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

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

 Agency Designee Signature and Title

Georgia Driver's History Consent Form

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.

Please print the below information legibly and information must match driver's license:

Full Name (print)	
Address	
Sex	
Race	
Date of Birth (MM/DD/YY)	
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	



Georgia Department of Driver Services
 Customer Service, Licensing and Records Division
 P.O. Box 80447
 Conyers, Georgia 30013

REQUEST FOR MOTOR VEHICLE REPORT (MVR)

- I am requesting my own Georgia MVR. (Complete Sections 1, 3, and 4)
- I am requesting a Georgia MVR of another individual. (Complete Sections 1, 2, 3, and 4)

PLEASE PRINT LEGIBLY

SECTION 1 – DRIVER INFORMATION (must exactly match driving record)			
Full Name (First, Middle, Last)			
Driver Date of Birth (MM/DD/YY)		Driver's License Number	

SECTION 2 – THIRD PARTY REQUESTOR INFORMATION	
Full Name (First, Middle, Last)	
Firm Name (if applicable)	
Address	
FOR DEPARTMENTAL USE ONLY	

SECTION 3 – TERM OF REQUEST
<p>Please choose one of the following options:</p> <p><input type="checkbox"/> Three (3) year Georgia MVR (\$6.00 fee)</p> <p><input type="checkbox"/> Seven (7) year Georgia MVR (\$8.00 fee)</p> <p><input type="checkbox"/> Lifetime Georgia MVR (\$8.00 fee)</p> <p>If you are requesting a Georgia MVR by mail, please include a business sized self-addressed stamped envelope along with this request and the required payment amount. By mail, we accept personal checks, cashier's checks, money orders, and company checks.</p>

SECTION 4 – AUTHORIZATION TO RELEASE RECORD OF DRIVER			
<p>Under penalty of law, I hereby <input type="checkbox"/> request release of my driving record; OR (Please check one) <input type="checkbox"/> consent to release of my driving record to the person and/or entity named in Section 2, in accordance with O.C.G.A. §40-5-2.</p>			
Signature of Driver		Date (MM-DD-YY)	