

# Application for Employment

**CITY OF DANIELSVILLE  
10 GOVERNMENT CIRCLE  
DANIELSVILLE, GA 30633**

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security # \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (We participate in E-Verify & you will be required to provide documentation.) ☐ Yes ☐ No

Are you looking for full-time employment? ☐ Yes ☐ No

If no, what hours are you available? \_\_\_\_\_

Are you willing to work swing shift? ☐ Yes ☐ No

Are you willing to work graveyard? ☐ Yes ☐ No

Have you ever been convicted of a felony? (This will not necessarily affect your application.)  
☐ Yes ☐ No

If yes, please describe conditions. \_\_\_\_\_

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## Employment Desired

Position applied for \_\_\_\_\_

How did you hear of this opening? \_\_\_\_\_

Have you ever applied for employment here? ☐ Yes ☐ No

When? \_\_\_\_\_ Where? \_\_\_\_\_

Have you ever been employed by this company? ☐ Yes ☐ No

When? \_\_\_\_\_ Where? \_\_\_\_\_

Are you presently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you available for full-time work? ☐ Yes ☐ No

Are you available for part-time work? ☐ Yes ☐ No

Will you relocate? ☐ Yes ☐ No

Are you willing to travel? ☐ Yes ☐ No If yes, what percent? \_\_\_\_\_

Date you can start \_\_\_\_\_

Desired position \_\_\_\_\_

Desired starting salary \_\_\_\_\_

Please list applicable skills \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Education

	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
College	_____	_____	_____	_____
Post-College	_____	_____	_____	_____
Other Training	_____	_____	_____	_____

In addition to your work history, are there are other skills, qualifications, or experience that we should consider?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any scholastic honors received and offices held in school.

\_\_\_\_\_  
\_\_\_\_\_

Are you planning to continue your studies? ☐ Yes ☐ No

If yes, where and what courses of study?

\_\_\_\_\_

**Employment History** (Start with most recent employer)

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact? ☐ Yes ☐ No

Responsibilities \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

\_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact? ☐ Yes ☐ No

Responsibilities \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

\_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact? ☐ Yes ☐ No

Responsibilities \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

\_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

\_\_\_\_\_

May we contact? ☐ Yes ☐ No

Responsibilities \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact? ☐ Yes ☐ No

Responsibilities \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact? ☐ Yes ☐ No

Responsibilities \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

## References

List three personal references, not related to you, who have known you for more than one year.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

**Emergency Contact**

In case of emergency, please notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Please Read Before Signing:**

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is “at will,” which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

ARN \_\_\_\_\_

Date: \_\_\_\_\_

Ran By: \_\_\_\_\_

Business: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

## CRIMINAL HISTORY AFFIDAVIT

### PLEASE READ CAREFULLY

- Photo identification is REQUIRED and must be PRESENTED in order for your criminal history to be obtained.
- NO information about you will be released to third parties.
- You must provide all Information requested below and this form MUST be signed in the presence of a notary public at the Danielsville City Hall.
- The City of Danielsville will NOT keep a copy of your criminal history on file and will shred-printed copies if one is made. If you wish to have a copy printed for your records, the cost will be \$0.25 per page.

### Applicant Information

Full Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Weight: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Hair Color: \_\_\_\_\_ City and State of Birth: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SEAL

Notary Public \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

#### Danielsville Police Department

☐ Qualified ☐ Disqualified

Reason for Disqualification:

\_\_\_\_\_

Approved by: \_\_\_\_\_