

CITY OF McRAE-HELENA

25 S. First Avenue, P. O. Box 55157, McRae-Helena, GA 31055

APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to provide information necessary to evaluate suitability for employment. It is the policy of the company to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, genetic information, veteran status, or any other status protected under state or federal law. It is also the policy of the company to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon the successful completion of drug and alcohol screening.

PERSONAL INFORMATION

Name Last First Middle Social Security #

Home Phone # and Cell Phone # Work Phone

Current Address Street City State Zip How long at this address?

EDUCATION

High School Attended City, County & State Did you graduate?

College/Trade School City, County & State Did you complete?

Courses and degrees

EMPLOYMENT INFORMATION

Position applied for: Date you can start Desired Salary

Can you work weekends or evenings?

Will you work overtime when necessary?

Have you ever been discharged or asked to resign a job? (if yes, explain)

Are you 18 years of age and legally eligible for work in the United States?

Are you currently employed?

May we contact your present employer?

Are you currently on "layoff" status and subject to be recalled?

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the McRae-Helena Police Department to conduct an
Criminal Justice Agency
 inquiry and receive any Georgia criminal history record information pertaining to me which may be contained 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

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.

 Signature Date

Date of inquiry: _____ Time of inquiry: _____ Operator's initials: _____
 Purpose Code used: (check one)

<input type="checkbox"/>	Employment (E) – Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Employment with Mentally Disabled (M) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Employment with Elder Care (N) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Employment with Children (W) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Public Records (P) – Provides <i>Georgia Felony Convictions</i> Only

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

<input type="checkbox"/>	No Georgia CHRI results available.
<input type="checkbox"/>	Georgia CHRI attached/released.

<input type="checkbox"/>	No NCIC/GCIC Warrant results available.
<input type="checkbox"/>	Possible NCIC/GCIC Warrant. Contact Agency listed below.
Wanting Agency Name:	
Agency Telephone:	

 Agency Designee Signature and Title Date