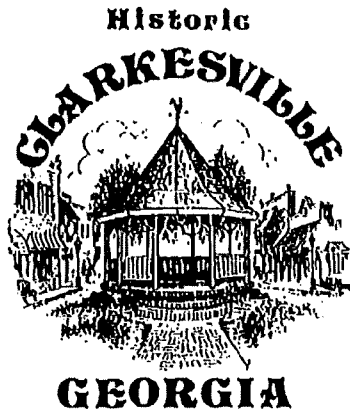


Telephone:
706-754-4216



P.O. Box 21
Clarkesville, GA 30523

EMPLOYMENT APPLICATION

Last Name _____ First Name _____ Middle Initial _____ Social Security # _____

Present Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Phone _____ Driver's License # _____ Class _____

Person We May Contact If You Are Unavailable _____ Telephone _____

POSITION(S) APPLIED FOR

Position Name _____

Position Name _____

Position Name _____

Are you willing to work shift work (nights, weekends, etc.)?

Yes No

Full Time Part Time Temporary

Date Available for employment _____

EDUCATION

Are you a high school graduate? Yes No If yes, please list in next section below:

If no, circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED

School	Name and Location	Major Course of Study	Completed	Year Graduated	Type of Degree
High School			9 10 11 12		
Business/ Technical School					
College					
Graduate School					

GENERAL INFORMATION

Have you filed an application with the City within the last 90 days? ? Yes No

Have you ever been employed with the City? Yes No _____
 Dates Employed . Department

Are you related to anyone currently employed by the City? Yes No _____
 Relative's Name Relationship Department

How did you learn of this opening? _____

Can you submit legal verification of your right to work in the United States? Yes No

In accordance with the Immigration Reform and Control Act of 1986, proof of authorization to be employed in the United States will be required of all prospective employees. Failure to establish such proof will prohibit or discontinue employment.

Have you ever been convicted of a felony? Yes No

If yes, give date(s) and type(s) of offense: _____

ACTIVE MILITARY SERVICE

List dates and numbers of all active service:

From: _____ To: _____ Serial or Service #: _____

Branch of Service _____

EMPLOYMENT RECORD – List first the most recently held position. All information must be completed.

Employer		Street Address		City	State	Zip
From Mo/Yr	Telephone	Supervisor's Name and Phone Number				
Duties				Position		
Starting Salary	Leaving Salary	Reason for Leaving				
Employer		Street Address		City	State	Zip
From Mo/Yr	Telephone	Supervisor's Name and Phone Number				
Duties				Position		
Starting Salary	Leaving Salary	Reason for Leaving				

Employer	Street Address	City	State	Zip
From Mo/Yr	Telephone	Supervisor's Name and Phone Number		
Duties		Position		
Starting Salary	Leaving Salary	Reason for Leaving		
Employer	Street Address	City	State	Zip
From Mo/Yr	Telephone	Supervisor's Name and Phone Number		
Duties		Position		
Starting Salary	Leaving Salary	Reason for Leaving		

UNEMPLOYMENT RECORD

Account for all periods of unemployment and extended illness/disability of four (4) weeks duration or more for the last five (5) years or since you left school.

From Mo/Year	To Mo/Year	State reason
_____	_____	_____
_____	_____	_____
_____	_____	_____

DRIVING HISTORY

_____ I do not have a valid Driver's License

Driver's License # State Expiration Date

Have you incurred any traffic charges within the last three (3) years? Yes No

If yes, give date(s) and type of charge(s) _____

I hereby direct the Department of Public Safety of Georgia or any other authorized agency to whom this authorization may be presented, to release to the City of Clarkesville Personnel Officer an abstract of my driving record for the past three (3) year period to be reviewed by said Personnel Officer in processing my employment application and determining my suitability for various job assignments.

Signature _____ Date _____

Are there any accommodations that you would need to do the job applied for? Yes No
If yes, please explain what can be done to reasonably accommodate your limitation(s).

I hereby authorize the companies, schools or agencies where I have been employed or attended to give any information regarding my employment or education. I hereby release said companies, schools or agencies from all liability for any damages whatsoever for issuing this information. A photographic copy of this authorization shall be valid as the original.

You may contact my present employer Yes No
You may contact my previous employers Yes No

Signature Date

Please provide information on any additional training, experience or skills which you feel would increase your value as an employee. Be sure to include time periods.

I understand that a physical examination including a drug test is required if I am employed by the City.

Signature Date

I certify that all of the information on this form provided by me is true to the best of my knowledge. I understand that should an investigation disclose any misrepresentation, I will be subject to immediate dismissal.

Signature Date

YOUR APPLICATION WILL BE KEPT IN OUR ACTIVE FILE FOR 90 DAYS. YOU MUST REACTIVATE YOUR APPLICATION AFTER THAT TIME BY REAPPLYING IN PERSON.

CLARKESVILLE POLICE DEPARTMENT

Habersham County, Georgia

Brad Barrett, Chief
Danny Cloutre, Asst. Chief

210 E. Water Street
P.O. Box 21
Clarkesville, GA 30523

Phone: (706) 754-5390
Fax: (706) 754-9109

PERSONAL INQUIRY WAIVER

Name: _____ Date: _____

Date of Birth: _____ Social Security #: _____

I respectfully request and authorize you to furnish the Clarkesville Police Department with any and all information that you may have concerning my school records, reputation, or other facts as may be relevant to the nature of this inquiry. This information is to be used to assist in determining my qualifications and fitness for a position with the City of Clarkesville.

I hereby release you, your organization, the City of Clarkesville and Clarkesville Police Department, and others from any liability or damage, which may result from furnishing the information requested. This instrument is valid for twelve (12) months from the above date and may be photocopied as needed by the requesting official(s).

Applicant's Signature: _____

Street Address: _____ Mailing Address: _____

City, State, Zip: _____

AFFIDAVIT

State of Georgia, County of Habersham, City of Clarkesville

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

Sworn to and subscribed in my presence

this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____.

CLARKESVILLE POLICE DEPARTMENT

Habersham County, Georgia

Brad Barrett, Chief
Danny Clouatre, Asst. Chief

210 E. Water Street
P.O. Box 21
Clarkesville, GA 30523

Phone: (706) 754-5390
Fax: (706) 754-9109

CRIMINAL HISTORY AUTHORIZATION

I authorize the Clarkesville Police Department to obtain any criminal history record information, driver history records information or any other pertinent information pertaining to me which may be in the files of any state, national, or local criminal justice agency to be used for the purpose of my background investigation in applying for a position with the City of Clarkesville.

I release all persons, including government agencies from any liabilities or damages for having furnished such information in good faith.

Full Name (printed): _____

Street Address: _____ Mailing Address: _____

City/State/Zip: _____

Date of Birth: _____ Social Security #: _____ U.S. Citizen: Yes ___ No ___

Drivers Lic. #: _____ State of Issue of License: _____ Other states held a Lic.: _____

Signature: _____ Date: _____

Sworn to and subscribed to me this

_____ day of _____, 20____.

Notary Public State of Georgia

Term Expires: _____.

Results

_____ No record on File. Local, State, or National Search.

We have searched our files on the above mentioned person. Our records indicate that _____ does not have a criminal record and has never been arrested in our district.

Date: _____

Operator Performing Check