



EMPLOYMENT APPLICATION

City of Flowery Branch ♦ PO Box 757 ♦ Flowery Branch, GA 30542

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodations for the applications or interview.

Date of Review (Month/Day/Year)

APPLICANT DATA:

How were you referred to us:

Position Applied for:

Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-Mail: _____

Date Available to Start: _____ Social Security # _____ Salary Requirement _____

If you are under 18 and we require a work permit, can you furnish one? Yes No

If no, please explain: _____

Have you ever worked for this company? Yes No

Are you a citizen of the United States? Yes No

If not, are you legally allowed to work in the United States? Yes No

Type of employment desired: Full-Time Part-Time Temporary Seasonal

Have you pleaded "guilty," "No contest," or been convicted of a crime? Yes No

If yes, give dates and details: _____

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Drivers license number if applicable to position: _____ State: _____

EDUCATIONAL HISTORY

HIGH SCHOOL	NAME	LOCATION	CIRCLE THE HIGHEST GRADE COMPLETED: 7 8 9 10 11 12	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GED		
TRADE (OR APPRENTICE) SCHOOL			FROM:	TO:		
COLLEGE OR BUSINESS SCHOOL			FROM:	HRS. EARNED:	QTRS. EARNED:	MAJOR:
			TO:			DEGREE EARNED:
DESCRIBE SPECIAL VOCATIONAL OR BUSINESS COURSES YOU HAVE TAKEN WHICH RELATE TO THE JOB FOR WHICH YOU ARE APPLYING:						

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS

Professional References

People with whom you have worked are preferable. Please do not list relatives.
Do not repeat people listed above.

NAME	ADDRESS	PHONE	HOW DO YOU KNOW HIM/HER

Employment History

PLEASE PRINT NEATLY AND EXPECT EVERY PERSON TO BE CONTACTED.

NAME _____ POSITION APPLYING FOR _____ SIGNATURE _____ DATE _____

Previous Employment

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO If no, please include a professional reference who may be contacted to verify your current employment.

1.

CURRENT OR MOST RECENT EMPLOYER (OR COMPANY)		POSITION HELD	DEPARTMENT
STREET	EMPLOYED FROM (DATE TO DATE)	FINAL SALARY	<input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> HOME
CITY/STATE/ZIP	SUPERVISOR	PHONE WITH AREA CODE	<input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> HOME
PHONE WITH AREA CODE	REASON FOR LEAVING	ANOTHER SUPERVISOR OR COWORKER	PHONE WITH AREA CODE

2.

NEXT MOST RECENT EMPLOYER (OR COMPANY)		POSITION HELD	DEPARTMENT
STREET	EMPLOYED FROM (DATE TO DATE)	FINAL SALARY	<input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> HOME
CITY/STATE/ZIP	SUPERVISOR	PHONE WITH AREA CODE	<input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> HOME
PHONE WITH AREA CODE	REASON FOR LEAVING	ANOTHER SUPERVISOR OR COWORKER	PHONE WITH AREA CODE

3.

NEXT MOST RECENT EMPLOYER (OR COMPANY)		POSITION HELD	DEPARTMENT
STREET	EMPLOYED FROM (DATE TO DATE)	FINAL SALARY	<input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> HOME
CITY/STATE/ZIP	SUPERVISOR	PHONE WITH AREA CODE	<input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> HOME
PHONE WITH AREA CODE	REASON FOR LEAVING	ANOTHER SUPERVISOR OR COWORKER	PHONE WITH AREA CODE

FLOWERY BRANCH POLICE DEPARTMENT
5519 MAIN STREET
FLOWERY BRANCH, GA 30542
770 967-6336
CONSENT FORM

PURPOSE: Background and Driver History Check

Special employment provisions (Check if applicable)

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')
- Employment with Hall County Government Law Enforcement Sworn Officer (Purpose code 'J')
- Employment with Flowery Branch Law Enforcement Non-Sworn Officers (Purpose code 'E')

Must be checked:

This authorization is valid for 90 days from date of signature.

I, _____ give consent to the above named to perform periodic Criminal history background checks and annual driver history checks for the duration of my employment with this company.

I hereby authorize the Flowery Branch Police Department to receive any criminal history record information and driver history pertaining to me which may be in the files of any state or local government agency in Georgia.

PLEASE PRINT INFORMATION

FIRST MIDDLE LAST (MAIDEN)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP

SEX RACE DATE OF BIRTH SOCIAL SECURITY #

SIGNATURE PRINTED NAME

NOTARY DATE

RECORD ON FILE NO RECORD ON FILE

RECORDS CLERK
(AGENCY USE ONLY)

DATE COMPLETED
(AGENCY USE ONLY)

Special Conditions
If an adverse employment or licensing decision is made against the person whose record was obtained under this law, the person shall be informed. That a record was obtained, the specific contents of the record and the effect the record has upon the decision.
Failure to provide this information to the person subject to the adverse decision shall be a misdemeanor.