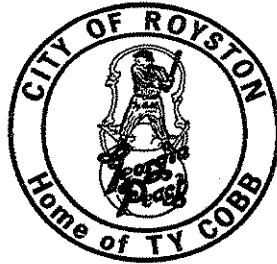


The City of Royston
634 Franklin Springs St
Royston, GA 30662
Telephone (706) 245-7232
Fax (706) 245-7868



APPLICATION FOR EMPLOYMENT

POSITION OR JOB TITLE APPLIED FOR:

Date

We consider applicants for all positions without regard to race, color, sex, religion, national origin, age, marital or veteran status, the presence of a disability or any other legally protected status.

Personal Data

Last Name First (given) Middle Other name(s) under which you have been employed

Address Street Apt # City State Zip Code E-mail Address

Telephone:

Business

Residence

Will you accept: Temporary Work Part-Time Work Shift Work Weekend/Holiday
(check all that apply)

Are you 18 years old or older? _____ Are you eligible to work in the United States either because you are a U.S. citizen or have U.S. Permission to do so? No Yes (Verification will be required)

Have you ever worked for us before? No Yes If yes when and what department? _____

Give name, relationship, and department of any relatives currently employed with The City of Royston.

Are you able to perform the job duties listed for the position you are applying for without an accommodation? NO YES
If no, what accommodation is needed?

If required by this position, do you have a valid driver's license? NO YES
License # _____ Type _____ State _____

Have you had any traffic violations in the past 3 years? NO YES If yes, type of offense and dates:

Have you ever been convicted of an offense against the law or are you now under charges for any offense against the law? (omit non-moving traffic violations and any offense which was finally adjudicated in a Juvenile Court or Under a Youth Offender Law.)

No Yes If yes, give complete details: (Date, Place, Charges, Disposition) _____

Note: A conviction will not necessarily bar you from employment. Each conviction will be judged on its own merits with respect to time, circumstances and seriousness.

"WE ARE AN EQUAL OPPORTUNITY EMPLOYER"

EDUCATION

Do you have a high school diploma or its equivalent (G.E.D./USAFI Certificate)? No Yes
 If yes, please list the name and address of the high school or State Authority issuing the diploma or certificate.

Please complete the following section for post-secondary education (Technical School/Colleges/Universities):

Name of School	City	State	Hours Earned	Major	Degree	Date Received

Describe any specialized training, apprenticeship, skills, and extra-curricular activities. Include office equipment, computer skills, foreign language skills, and special honors that may relate to the position for which you are applying.

REFERENCES – Give names, address, and telephone numbers of three (3) references who 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. Failure to give complete information regarding each job held may result in your disqualification.

Complete address with zip codes and telephone numbers for all employers are necessary

Have you ever been disciplined, fired, or asked to resign from any job? No Yes

If yes, why? _____

Company Name: _____ Telephone: _____

Address: _____ Employment Dates:

From _____ To _____

Name of Supervisor: _____ Annual Salary: _____

Position Held: _____ Reason for leaving: _____

Describe your duties: _____

Company Name: _____ Telephone: _____

Address: _____ Employment Dates:

From _____ To _____

Name of Supervisor: _____ Annual Salary: _____

Position Held: _____ Reason for leaving: _____

Describe your duties: _____

Company Name: _____ Telephone: _____

Address: _____ Employment Dates:

From _____ To _____

Name of Supervisor: _____ Annual Salary: _____

Position Held: _____ Reason for leaving: _____

Describe your duties: _____

A resume may be attached only as additional information and will not be accepted in lieu of completing this section.

APPLICANT'S CERTIFICATION AND AGREEMENT

AUTHORIZATION TO RELEASE INFORMATION

CONDITIONS OF EMPLOYMENT

I hereby declare the information provided by me in this application is true and complete, and I understand that misrepresentation, omissions of facts, or falsification of this information are grounds for refusal to hire, or if hired, termination.

I authorize any persons or organizations to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to you.

I authorize you to request, receive and verify all information given in this application.

If I am employed by the City of Royston, I agree to conform to the policies, rules and regulations of the government set forth in the city of Royston's Personnel System, employee handbook, policies, and ordinances; and acknowledge that these policies, rules and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option.

I further acknowledge that if I become employed with the City of Royston, my employment will be at-will and may be terminated with or without cause at any time by me or by the employer.

If required by the City of Royston for the position I am applying I consent to undergo a physical examination, after I have been offered employment, as deemed necessary.

Before an applicant can be selected for employment with the City of Royston he/she must submit to a drug test. Should you be offered a job with the City of Royston, your position may require random drug testing.

Date: _____

Signature: _____

THIS APPLICATION WILL REMAIN ACTIVE FOR NINETY (90) DAYS ONLY UNLESS RENEWED PERSONALLY BY ME IN WRITING

May we contact your present employer? No Yes presently not employed

You must sign the Authorization to Release Information form to enable us to contact prior employers, even though we may not contact your present employer.

Date: _____

Signature: _____

ALCOHOL AND CONTROLLED SUBSTANCE TESTING

As a condition of employment with the City of Royston, you will be required to submit to an alcohol and controlled substance screening test. Employees must, as a condition of employment, abide by our policy regarding the effects of drug use and the unlawful possession of controlled substance. 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 Royston, you must successfully pass this screening test.

Date: _____

Signature: _____

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 REQUEST FOR INFORMATION				
Full Name (First, Middle, Last)				
Firm Name (if applicable)				
Address				
FOR DEPARTMENT USE ONLY				

SECTION 3 — TERM OF REQUEST	
Please choose one of the following options: <u>Three (3) year</u> Georgia MVR (\$6.00 fee) <u>Seven (7) year</u> Georgia MVR (\$8.00 fee)	
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.	

SECTION 4 — AUTHORIZATION TO RELEASE RECORD OF DRIVER	
Under penalty of law, I hereby (please check one)	request release of my driving record; OR 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
Signature of Driver	Date (MM-DD-YY)

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview

Yes

No

Remarks

Interviewer

Date

Date of Employment

Job Title

Hourly Rate/Salary

Department

By

Name and Title

Date

Notes:

LAW ENFORCEMENT EMPLOYMENT HISTORY

NOTICE: Complete this section only if you are currently or have been a Law Enforcement Officer. This section does not include private security experience.

Are you currently a Certified Peace Officer? yes no

Check any of the following areas in which you have received specialized training (Do Not include training provided in Basic Mandate):

- | | |
|---|--|
| <input type="checkbox"/> Homicide Investigation | <input type="checkbox"/> Law Enforcement Management |
| <input type="checkbox"/> Rape Investigation | <input type="checkbox"/> Personnel Supervision |
| <input type="checkbox"/> Robbery Investigation | <input type="checkbox"/> Sex Crimes |
| <input type="checkbox"/> Auto Theft Investigation | <input type="checkbox"/> Courtroom Procedures |
| <input type="checkbox"/> Arson Investigation | <input type="checkbox"/> Evidence Presentation |
| <input type="checkbox"/> Forgery Investigation | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> Patrol Techniques | <input type="checkbox"/> CPR |
| <input type="checkbox"/> Accident Investigation | <input type="checkbox"/> EMT/Advanced EMT |
| <input type="checkbox"/> Crime Prevention | <input type="checkbox"/> Mechanics Of Arrest/Self Protection |
| <input type="checkbox"/> Juvenile Crime Investigation | <input type="checkbox"/> Pursuit/Defensive Driving |
| <input type="checkbox"/> Drug Investigation | <input type="checkbox"/> Firearms |
| <input type="checkbox"/> Criminal Investigation | <input type="checkbox"/> SWAT/ERT |
| <input type="checkbox"/> First Responder | <input type="checkbox"/> Report Writing |
| <input type="checkbox"/> Health/Wellness Awareness | <input type="checkbox"/> Interviews & Interrogations |
| <input type="checkbox"/> Interpersonal Relations | <input type="checkbox"/> Officer Survival |
| <input type="checkbox"/> Advanced Firearms | <input type="checkbox"/> Intoxilyer Training |
| <input type="checkbox"/> Intermediate Certification | <input type="checkbox"/> Advanced Certification |

Others: _____

Law Enforcement Experience: _____

- | | | |
|-------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Patrol | <input type="checkbox"/> Investigations | <input type="checkbox"/> Traffic |
| <input type="checkbox"/> Supervisor | <input type="checkbox"/> Management | <input type="checkbox"/> Other: _____ |

This Position may require you to:

Wear a uniform. Do you object to doing so? yes no

Work a rotating shift. Do you object doing so? yes no

Work a non-rotating shift. Do you object doing so? yes no

Work overtime. Do you object doing so? yes no

Have you ever been fired or permitted to resign employment for abuse of authority or for any disciplinary reasons? yes no

If it became necessary in the course of police duties to take a human life, would you have any reluctance to do so? yes no

Explain your answer in detail

Name _____ D.O.B. _____ S.S.N. _____