



City of McRae-Helena

Employment Application

The City of McRae-Helena is an Equal Opportunity Employer. Applications are considered without regard to race, color, religion, sex, national origin, age, disability, or any other protected status.

Applicant Information

Full Name: _____

Date: _____

Social Security Number: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

Email Address: _____

Position Applied For: _____

Department (if known): _____

Desired Salary or Hourly Rate: _____

Date Available to Start: _____

Employment Type: Full-Time Part-Time Temporary

Eligibility for Employment

Are you legally eligible to work in the United States? Yes No

Are you at least 18 years of age? Yes No

Are you currently employed? Yes No

May we contact your current employer? Yes No

Can you work evenings? Yes No

Can you work weekends? Yes No

Are you willing to work overtime if required? Yes No

Have you ever been asked to resign or been terminated from a job? Yes No

If yes, please explain:

Education

High School: _____

Location: _____

Did you graduate? Yes No

Diploma/GED: Yes No

College / Technical School: _____

Location: _____

Degree or Certification Earned: _____

Employment History

Employer #1

Company Name: _____

Supervisor Name: _____

Phone Number: _____

Job Title: _____

Dates Employed (From-To): _____

Duties and Responsibilities:

Reason for Leaving: _____

Employer #2

Company Name: _____

Supervisor Name: _____

Phone Number: _____

Job Title: _____

Dates Employed (From-To): _____

Duties and Responsibilities:

Reason for Leaving: _____

Skills, Licenses & Certifications

List any skills, certifications, or licenses relevant to the position applied for:

References

Please list two professional references (not relatives).

Reference #1

Name: _____

Relationship: _____

Phone Number: _____

Reference #2

Name: _____

Relationship: _____

Phone Number: _____

Application Disclosure Statement

I understand that this application is not a contract of employment. I understand that if employed, my employment may be terminated at any time, with or without cause or notice, in accordance with applicable law. I authorize the City of McRae-Helena to investigate my employment history, references, and other information provided in this application, and I release the City from any liability resulting from such investigation.

I understand that any false, misleading, or incomplete information provided in this application may result in disqualification from consideration or termination of employment if discovered at a later date.

Drug-Free Workplace Statement

The City of McRae-Helena is a Drug-Free Workplace. As a condition of employment, employees may be required to submit to drug and/or alcohol testing in accordance with applicable laws and City policy.

Applicant Certification

I certify that the information provided in this application is true and complete to the best of my knowledge.

Applicant Signature: _____

Printed Name: _____

Date: _____

Office Use Only

Application Received By: _____

Date Received: _____

Position Applied For: _____

Notes: _____

Name-Based Criminal History Record Information (CHRI) Consent/Inquiry Form

I hereby authorize _____ to conduct an inquiry for
Agency/Company
 the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

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

I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

 Signature Date

 Attorney for Individual (Purpose Code E and U Only) Bar Number Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used (check one): Note: *Only one inquiry may be performed per consent form.*

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E Employment
<input type="checkbox"/>	M Employment direct care with Mentally Ill/Developmentally Disabled
<input type="checkbox"/>	N Employment direct care with Elderly
<input type="checkbox"/>	W Employment direct care with Children
<input type="checkbox"/>	P Public Record (no consent required)
<input type="checkbox"/>	F Probate Court/Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U Personal Copy (stamp return "personal copy")
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J Civilian Criminal Justice Employment (state and III data received)
<input type="checkbox"/>	Z Sworn Criminal Justice Employment (state and III data received)

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

<input type="checkbox"/>	No criminal history available
<input type="checkbox"/>	Criminal history available (attached/released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (list Wanting agency below)
<input type="checkbox"/>	Wanting Agency Name:
<input type="checkbox"/>	Wanting Agency Telephone:

 Agency Designee Signature and Title

Georgia Driver's History Consent Form

O.C.G.A. § 40-5-2(f)(4) authorizes local fire departments and law enforcement agencies access to Georgia driver's history records as part of an application for employment or any current employee for use relative to the performance of official duties with the local fire or law enforcement agency.

I hereby authorize the

List Name of Law Enforcement Agency/Fire Department

To receive a copy of my Georgia Driver's History record as part of my application for employment, or for use relative to the performance of my official duties with the agency.

Full Name (print)	
Address	
Sex	
Race	
Date of Birth	
Social Security Number	
Driver's License Number	

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

Signature Date

To be completed by CJIS network operator:

Date of Inquiry	
Time of Inquiry	
Operator's Initials	
Date Results Provided	
Person Results Provided to	