

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

Date _____

Name (Last Name First) _____ Soc. Sec. No. _____

Address _____ Telephone _____

What kind of work are you applying for? _____

What special qualifications do you have? _____

What office machines can you operate? _____

Are you 18 years or older? Yes _____ No _____

Are you either a U.S. citizen or an alien authorized to work in the United States? _____

SPECIAL PURPOSE QUESTIONS

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DEDICATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGAL PERMISSIBLE REASONS.

Height: _____ Feet _____ Inches Weight: _____ Lbs. Are you a U.S. citizen Yes _____ No _____

Have you been convicted of a felony or misdemeanor within the last 5 years?* Yes _____ No _____ Describe _____

I understand and agree that I may be required to take one or more: physical examination; lie detector test(s), as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents, or employees from any claim arising in connection with the use of such test(s).

I have been advised that lie detector test, as a condition of hiring or continues employment, are prohibited by law. Yes _____ No _____

*You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

MILITARY SERVICE RECORD

Branch of Service _____ Discharge Date _____ Rank _____

Present membership in National Guards or Reserves _____ Date obligation ends _____

EDUCATION

SCHOOL	*NO. OF YEARS	NAME OF SCHOOL	CITY	COURSE	DID YOU GRADUATE
GRAMMER					
HIGH					
COLLEGE					
OTHER					

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age

EXPERIENCE

NAME AND ADDRESS OF COMPANY	DATE FROM / TO	LIST YOUR DUTIES	STARTING SALARY	FINAL SALARY	REASON FOR LEAVING

BUSINESS REFERENCES

NAME	ADDRESS	OCCUPATION

Bloomington Police Department

Post Office Box 216

Bloomington, GA 31302

Phone: (912)748-8302 Fax: (912)748-4192

CRIMINAL HISTORY CONSENT FORM

I hereby authorize _____ to receive all **CRIMINAL HISTORY INFORMATION** contained in the files of the Bloomington Police Department or any agency that Bloomington Police Department has access to through the Georgia Crime Information Center that pertains to me. The undersigned also hereby releases the Mayor and City Council Members of the City of Bloomington, it's agents, officers, servants and employees of and from any actions whatsoever, arising out of or relating to the release of the requested information. This information is released in accordance with O.C.G.A. 35-3-34.

Name (Last/First/Middle): _____

Social Security #: _____ / _____ / _____ D.O.B.: ____ / ____ / _____

Address: _____

City: _____ State: _____ Zip: _____

Sex: _____ Race: _____

Do not sign this form until you have read it and completely understand that you are giving your consent to have your criminal history released to the agency, business or the person designated above.

Applicant's Signature

Date

Notary Public

Sworn to and subscribed before me
this _____ day of _____
201____.

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Georgia Driver's History Consent Form

I hereby authorize the _____
(fire department/law enforcement agency name)

to receive a copy of my Georgia driver's history information as part of my application for criminal justice employment, or for use relative to the performance of my official duties with this agency.

Full Name (print)

Address

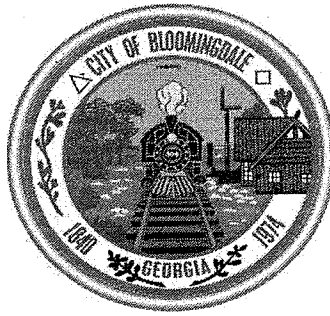
Sex

Date of Birth

Driver's License Number

Signature

Date



Affidavit Verifying Status for
City Public Benefit Application

By executing this affidavit under oath, as an applicant for a(n) Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) as reference in O.C.G.A. § 50-36-1, from the City of Bloomingdale, the undersigned applicant verifies one of the following with respect to my application for a public benefit.

- 1) _____ I am a United States Citizen
- 2) _____ I am a legal permanent resident of the United States
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and National Act with an alien number issued by the Department of Homeland Security or other Federal Immigration Agency.
My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____

A secure and verifiable document must be provided with this affidavit. It should be one of the documents listed on the attached sheet and is classified as: _____

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one (1) secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

Date of Birth

SUBSCRIBED AND SWORN
BEFORE ME THIS _____ DAY
OF _____, 20____

Notary Public

My Commission Expires: