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 conditon 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 Compnay, 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 Nathional 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 discriminiation 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

EMPLOYMENT APPLICATION SUPPLEMENT

Note: If more space is required to answer these questions, please attach an additional sheet to the back of this packet.

1. PLEASE LIST **ALL** TRAFFIC CITATIONS.

2. DO YOU HAVE A VALID DRIVERS LICENSE?

3. PLEASE LIST ALL CRIMINAL (NON-TRAFFIC) CONVICTIONS, BOTH MISDEMEANOR AND FELONY.

NOTE: IF AT ANY TIME, ANY INFORMATION CONTAINED WITHIN THIS PACKET IS FOUND TO BE FALSE, THE APPLICANT WILL BE SUBJECT TO IMMEDIATE TERMINATION, AND POSSIBLE CRIMINAL PROSECUTION.

Amended 2-3-95

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

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 REQUESTOR INFORMATION	
Full Name (First, Middle, Last)	Diane Proudfoot, Office Mgr/Asst. City Clerk
Firm Name (if applicable)	City of Bloomingdale
Address	P.O. Box 216 Bloomingdale, Ga. 31302
FOR DEPARTMENTAL USE ONLY	

SECTION 3 – TERM OF REQUEST

Please choose one of the following options:
☒ Three (3) year Georgia MVR ($6.00 fee) ☐ Seven (7) year 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. By mail, we accept cashier's checks, money orders, and company checks. PERSONAL CHECKS ARE NOT ACCEPTED BY MAIL.

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)	

DDS-18 1/[illegible] **PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENSE**

Bloomingdale Police Department

Post Office Box 216
Bloomingdale, 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 Bloomingdale Police Department or any agency that Bloomingdale 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 Bloomingdale, 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

_____ Sworn to and subscribed before me

Notary Public this _____ day of _____

201____.

City of Bloomingdale
Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of Bloomingdale, Georgia Business License Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G. Section 50-36-1, I am stating the following with respect to my application for a City of Bloomingdale, Busine License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit **(circ one)** for _____

(Name of natural person applying on behalf of individual, Business, corporation, partnership, or other private entity)

1)_____ I am a United States citizen

OR

2)_____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully prese in the United States.*

In making the above representation under oath, I understand that any person who knowingly and willful makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant: Date

_____ _____

Printed Name:

_____

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____ DAY OF _____, 20__

* _____
Alien Registration number for non-citizens

Notary Public _____
My Commission Expires:

Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title U.S.C., as amended, provide their alien registration number. Because legal permanent residents are include in the federal definition of "alien", legal permanent residents must also provide their alien registration numbe Qualified aliens that do not have an alien registration number may supply another identifying number below:

_____