

**(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



**Name-Based Criminal History Record Information Consent/Inquiry Form**

I hereby authorize \_\_\_\_\_ to conduct an inquiry for  
Agency/Company  
 the purpose listed below and receive any Georgia and/or national criminal history record information  
 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 (Pur E and U Only) Bar Number Date

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

Purpose Code Used: (check one)

<b>NON-CRIMINAL JUSTICE PURPOSES</b>	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
<b>PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)</b>	
<input type="checkbox"/>	U - Personal Copy
<b>CRIMINAL JUSTICE EMPLOYMENT</b>	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

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

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: \_\_\_\_\_

Wanting Agency Telephone: \_\_\_\_\_

\_\_\_\_\_  
 Agency Designee Signature and Title



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: