

APPLICATION FOR EMPLOYMENT

CITY OF BLUE RIDGE
 480 West First Street
 Blue Ridge, GA 30513
 706-632-2091

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
	Zip Code	
Telephone Number(s)	Social Security Number	

Best time to contact you at home is: : AM
 PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status
Proof of citizenship or immigration status will be required upon employment. Yes No

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: Full-Time (please indicate 1 2 3 shift)

Part-Time (please indicate Mornings Afternoon Evenings)

Temporary (please indicate dates available ___/___/___ - ___/___/___)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM ____	WPM ____	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

REFERENCES

1.	()	Phone #
	(Name)	
	(Address)	
2.	()	Phone #
	(Name)	
	(Address)	
3.	()	Phone #
	(Name)	
	(Address)	

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____

NAME: _____

POSITION: _____

DATE: _____

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APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER DATE

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

INVESTIGATION AUTHORIZATION (RELEASE) & BACKGROUND SCREENING ORDER FORM

Under the applicable provisions of the federal Fair Credit Reporting Act (FCRA), notice is hereby given that a consumer report or investigative consumer report may be requested and completed, which may include information pertaining to your employment history, educational accomplishments, criminal record, driving record, credit history (only when permitted by law and where it is related to the duties and responsibilities of the position sought), character, general reputation, and personal characteristics. This report may also include information pertaining to a commercial driver's license and commercial driving work history which, under provisions of the United States Department of Transportation, can include inquiries into drug and alcohol testing and as referenced in FMCSRs Parts 382.413 and 391.23. An investigation into your workers' compensation and/or industrial accident background may also be conducted according to the provisions of the Americans with Disabilities Act (ADA) and other federal, state, and local laws, and can be requested only after a conditional job offer has been made. This entire report will be used for employment purposes only, and will be processed by LABORCHEX Companies, an employment background screening service, located at 2506 Lakeland Drive #200, Jackson, MS 39232, 800-880-0366 (www.laborchex.com). LABORCHEX conducts business according to all applicable federal and state laws. LABORCHEX agrees to use its best and most precise efforts to furnish its clients (a "client" is defined as a business, company, or organization which contracts with LABORCHEX to provide employment background screening services to them) with accurate, current, complete, and reliable information based on such information as it is reasonably available and obtained via applicable public records sources and/or information services utilized by LABORCHEX. Sources also include contact by phone, FAX, U.S. Mail, and electronic mail of an applicant's previous employers, education officials, government agencies, and other individuals/entities who can provide accurate verification and confirmation of the applicant's background.

PRIVACY NOTE: LABORCHEX does not distribute details of employment applications or results to anyone other than the client that requested the background investigation. Information provided by applicants is held by LABORCHEX in strict confidence according to all federal laws.

You are further advised that LABORCHEX does not counsel its clients regarding their hiring policies and procedures. LABORCHEX will not have any knowledge as to why you have been offered a position or the reasons why you were denied employment. Under the provisions of the FCRA, you have the right to dispute information provided in a report and, after providing proper identification, you can request a copy of such report(s) from LABORCHEX, including details about the sources of information. Such information will be provided to you at no cost. The company, business, or organization at which you applied for a job must also provide a copy of the report to you, if you request it from them.

I, the undersigned, have read and fully understand the above notice. I hereby authorize LABORCHEX to investigate my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, personal characteristics, and information pertaining to a commercial driver's license and commercial driving work history, including inquiries into drug and alcohol testing and use, as well as workers' compensation information (as according to federal guidelines stated above). I authorize LABORCHEX to verify the facts stated by me on the attached/forwarded application and/or resume. I understand that this release will be valid for my entire period of employment.

Note: I understand that if I am a resident of CA, MA, ME, MN, NJ, NY, OK, and WA I can obtain a copy of the completed consumer report from LABORCHEX by checking this box { }, which will also include a document called "A Summary of Your Rights Under the Fair Credit Reporting Act (FCRA)." Please be sure to provide your full mailing address below.

Print Name: _____
Last First Middle Initial Maiden Name

Address: _____

Date of Birth: _____ Social Security #: _____

(DOB and SSN used only for identification purposes to ensure accuracy of reports)

Driver's License Number #: _____ State: _____

Date: _____ Signature: _____

BELOW IS FOR COMPANY USE ONLY

Company Name: _____ Date: _____
 Applicant Name: _____ Soc. Sec. #: _____

CHECK SCREENINGS REQUIRED FOR THIS APPLICANT

- | | |
|--|--|
| <p>____ Previous Employment Verification
 ____ D.O.T. (Special Screening for Commercial Drivers)
 ____ Education Verification
 ____ Professional/Personal References
 ____ Professional License & Credential Check
 ____ Official Education Transcripts
 ____ CRIMINAL RECORD CHECKS (list jurisdictions below)
 ____ CrimeChexPLUS Multi-State Criminal Index Check
 ____ List Criminal Record Jurisdictions To Be Checked:</p> | <p>____ Driving Record Check
 ____ Workers' Compensation*
 ____ Employment Credit Report*
 ____ National Address Search & Social Security # Validation</p> |
|--|--|
- ____ Nationwide Federal Violations Criminal Record Check

NOTE: If you are not using the website to place orders, please include the completed job application (along with a copy of the this signed release) in your FAX or Email to LABORCHEX.

***When permitted by state law.**

Signature of Official Authorizing Investigation: _____