

Application for Employment **PRE-EMPLOYMENT QUESTIONNAIRE** **EQUAL OPPORTUNITY EMPLOYER**

Personal Information

DATE _____

| | | | |
|------------------------|---------------------|---------------------|----------|
| NAME (LAST NAME FIRST) | | SOCIAL SECURITY NO. | |
| PRESENT ADDRESS | CITY | STATE | ZIP CODE |
| PERMANENT ADDRESS | CITY | STATE | ZIP CODE |
| PHONE NO. | SECONDARY PHONE NO. | REFERRED BY | |

Employment Desired

| | | |
|---|--|--|
| POSITION | DATE YOU CAN START | SALARY DESIRED |
| ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO | ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO | WHERE | WHEN |

Education History

| | NAME & LOCATION OF SCHOOL | YEARS ATTENDED | DID YOU GRADUATE | SUBJECTS STUDIED |
|---|---------------------------|----------------|------------------|------------------|
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL | | | | |

General Information

| | |
|--|------|
| SUBJECT OF SPECIAL STUDY/RESEARCH WORK | |
| SPECIAL TRAINING | |
| SPECIAL SKILLS | |
| U.S. MILITARY OR NAVAL SERVICE | RANK |

Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

| DATE MONTH AND YEAR | NAME & ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|---------------------|----------------------------|--------|----------|--------------------|
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |

References (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

| NAME | ADDRESS | BUSINESS | YEARS KNOWN |
|------|---------|----------|-------------|
| | | | |
| | | | |
| | | | |

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

Do Not Write Below This Line

DATE _____ INTERVIEWED BY _____

Remarks

| |
|--|
| |
| |
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| |

| | | | | |
|-------------|-----------|-----------|-------------|--------------|
| NEATNESS | | CHARACTER | | |
| PERSONALITY | | ABILITY | | |
| HIRED | FOR DEPT. | POSITION | WILL REPORT | SALARY WAGES |

APPROVED: _____
 EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

This application for employment is sold only for general use throughout the United States. TOPS assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state, and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the City of Ashburn Criminal Justice Agency to conduct an inquiry and receive any Georgia criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia.

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

- This authorization is valid for 90/180/_____ (circle one) days from date of signature.
- I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

Signature

Date

Date of inquiry: _____ Time of inquiry: _____ Operator's initials: _____
Purpose Code used: (check one)

| | |
|--------------------------|---|
| <input type="checkbox"/> | Employment (E) – Provides <i>Georgia</i> Criminal History Record Information |
| <input type="checkbox"/> | Employment with Mentally Disabled (M) - Provides <i>Georgia</i> Criminal History Record Information |
| <input type="checkbox"/> | Employment with Elder Care (N) - Provides <i>Georgia</i> Criminal History Record Information |
| <input type="checkbox"/> | Employment with Children (W) - Provides <i>Georgia</i> Criminal History Record Information |
| <input type="checkbox"/> | Public Records (P) – Provides <i>Georgia Felony Convictions</i> Only |

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

| | |
|--------------------------|--|
| <input type="checkbox"/> | No Georgia CHRI results available. |
| <input type="checkbox"/> | Georgia CHRI attached/released. |
| <input type="checkbox"/> | No NCIC/GCIC Warrant results available. |
| <input type="checkbox"/> | Possible NCIC/GCIC Warrant. Contact Agency listed below. |
| Wanting Agency Name: | _____ |
| Agency Telephone: | _____ |

Agency Designee Signature and Title

Date