

Town of Trion

1220 Pine Street P.O. Box 850

Trion, Ga. 30753

Business Office: 706-734-2332 Fax: 706-734-7727

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY & E-VERIFY EMPLOYER

APPLICANTS FOR ALL POSITIONS ARE CONSIDERED WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, DISABILITY OR ANY OTHER LEGALLY PROTECTED STATUS.

Date of Application: _____

Position (s) Applied For: _____

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

This employment application is neither an offer of employment nor a contract for employment. The completion of this application does not stand as an agreement or promise to hire the applicant.

This employment application is the basis for the employment screening process and background investigation conducted by the Trion Police Department on each applicant for a position of employment. The answers you provide for each question on this application must be legibly printed in either black or blue ink or typed and complete. Any information that is erroneous in nature or not provided on this application, whether intentional or unintentional, will constitute for the basis for your elimination from consideration for the employment which you seek. Additionally, any fraudulent, misleading or missing information from this application discovered after employment with the Town of Trion may be grounds for termination. Please be sure that you carefully consider each and every question asked of you by this application and that you provide honest and complete information. If the question does not apply to you, put "N/A" for the answer to that particular question. Any answer that requires more space than is provided may be answered on the reverse side of the page, with the question number indicated beside the information. Incomplete applications will not be accepted. All areas which indicate witness or notary must be completed. (**Applicant should NOT include "will discuss at interview" in ANY section of this application**).

I understand that if I do not wish to answer a question in this booklet, I may choose not to do so and my application will be terminated.

I have read and understand the above statement.

Applicant Signature: _____

Date: _____

Witness Name (print): _____

Date: _____

Witness Signature: _____

Date: _____

APPLICANT DO NOT WRITE BELOW THIS LINE

RECEIVED ON DATE: _____

Job Application Questionnaire:

How did you learn about us? _____

Have you ever been employed with us before? () Yes () No

If yes, please state when you were employed and what position you held _____

Are you presently employed? () Yes () No

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

May we contact your present employer? () Yes () No

On what date would you be available for work? _____

Are you 18 years old? () Yes () No

Are you a citizen of the U. S. () Yes () No

(Proof of citizenship or immigration status will be required upon employment)

Can you travel if job requires it? () Yes () No

Are you physically or otherwise unable to perform the duties of the job of which you are applying?
() Yes () No

Do you have a valid driver's license? () Yes () No

Do you have a valid CDL () Yes () No

If "yes," what classification _____

Have you had any traffic violations in the past (3) years? () Yes () No

If "yes," Please indicate type of offenses and dates: _____

Within the past (7) years have you been convicted of a felony? () Yes () No

If "yes," Please explain: _____

Have you been convicted or plead guilty or no contest to a misdemeanor? () Yes () No

If "yes," describe charge and condition: _____

Are you currently on probation? () Yes () No

If "yes," please explain: _____

Please list as references three individuals who have knowledge of you and your qualifications.

Exclude relatives and former employers.

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Home Phone: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Home Phone: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Home Phone: _____

*** IF IT BECAME NECESSARY IN YOUR LAW ENFORCEMENT DUTIES TO TAKE A HUMAN LIFE, WOULD YOU HAVE RELUCTANCE TO DO SO BECAUSE OF RELIGIOUS OR OTHER BELIEFS?**

Yes: _____ **No:** _____

Are you a United States Citizen? Yes: _____ No: _____

If no, explain: _____

Do you currently have any relatives employed with the Trion Police Department or the Town of Trion?

Yes: _____ No: _____ if yes, list below:

RELATIONSHIP: _____

EDUCATION

A. List all high schools attended (beginning with most recent)

Name of High School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Dates Attended: From: _____ To: _____

Name of High School: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____
Dates Attended: From: _____ To: _____

Name of High School: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____
Dates Attended: From: _____ To: _____

Did you graduate from high school? Yes: _____ No: _____

If Yes, Name of School: _____

Date of Graduation: _____ School Phone: _____

If No, Have you completed your GED? Yes: _____ No: _____

If Yes, Name of Issuer: _____

Phone Number of Issuer: _____

Date of Completion: _____

List all colleges and or Universities attended (beginning with most recent):

Name of College or University: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Date Attended: From: _____ To: _____

Name of College or University: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Date Attended: From: _____ To: _____

Name of College or University: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Date Attended: From: _____ To: _____

EMPLOYMENT HISTORY

Begin with your current or most recent employment. Include any job related to military service assignments and volunteer activities. You may exclude organizations which race, color, religion, gender, national origin, handicap or other protected status.

Employer: _____

Address: _____

Telephone: _____

Employment: From _____ To: _____

Hourly Pay: Start _____ Final _____

State positions held and describe work performed:

Reason for leaving: _____

Employer: _____

Address: _____

Telephone: _____

Employment: From _____ To: _____

Hourly Pay: Start _____ Final _____

State positions held and describe work performed:

Reason for leaving: _____

Employer: _____

Address: _____

Telephone: _____

Employment: From _____ To: _____

Hourly Pay: Start _____ Final _____

State positions held and describe work performed:

Reason for leaving: _____

Employer: _____

Address: _____

Telephone: _____

Employment: From _____ To: _____

Hourly Pay: Start _____ Final _____

State positions held and describe work performed:

Reason for leaving: _____

Have you ever served in the United States Military?

Yes: _____ No: _____

If yes, please complete section below:

Branch: _____ Service Number: _____

Dates: From: _____ To: _____

Duties: _____

Type of Discharge: _____

Were you ever court-martialed, tried on charges, or the subject of company punishment or other disciplinary action while a member of the armed services?

Yes: _____ No: _____

If yes, explain: _____

Are you currently a member of the National Guard or any reserve unit? Yes: _____ No: _____

If yes, indicate name of Unit, location and assignment: _____

DISCLAIMER

(Please read carefully and sign below)

The undersigned applicant certifies that the facts set forth in this application for employment are true and complete to the best of his/her knowledge. The undersigned applicant understands that if he/she is employed, false or misleading statements made by him/her on this application shall be considered a sufficient cause for dismissal. The undersigned applicant authorizes the Town of Trion to make any investigation of prior education or work history as may be necessary in arriving at an employment decision.

The undersigned applicant understands that he/she may be terminated without notice and without cause, and his/her employment is terminated at-will. If there is no agreement, the employment relationship will not last for any specified period. The Town of Trion or the undersigned may terminate without cause for any reason.

(Date)

(Applicant's Signature)

VOLUNTARY INFORMATION

Government agencies at times require periodic reports on sex, ethnicity, handicap, veteran, and other protected status employees. This data is for statistical analysis with respect of the success of the Affirmative Action Programs.

SUBMISSION OF THIS INFORMATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Name: _____

Position applied for: _____

Male () Female () Birthdate: _____

Ethnic Origin:

- () American Indian/Alaskan Native
- () Asian/Pacific Islander
- () Black
- () Hispanic
- () White
- () Other

Check any of the following if applicable:

- () Disabled Veteran
- () Vietnam Era Veteran
- () Handicapped Individual

Criminal and Driver History Consent Form

I hereby authorize the Trion Police Department to receive any criminal history record information pertaining to me which may be in the files of any criminal justice agency of the Federal Government, any state, or local criminal justice agency in the State of Georgia.

Applicant Name: _____
(Last First Middle)

Address: _____

City State Zip Code

_____-_____-_____
Social Security Number

Date of Birth Sex Race

Driver's License Number State

Signature of Applicant Date: _____

Sworn to and subscribed before me this _____ day of _____, 20 _____.

Notary Public, State of Georgia
My Commission expires:

Authorization to release information

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to the Trion Police Department.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial statements and records wherever filed, and the US Veterans Administration, employment records, including background reports, efficiency ratings, complaints or grievances filed against me whether representing me or another person in any case either criminal or civil in which I presently have or have not had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in compiling any report for the Trion Police Department. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information. I do also hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature of Applicant

_____-_____-_____
Social Security Number

Date

Witness Signature

Date

Previous Law Enforcement Experience

Complete this page only if you have previously worked for a law enforcement agency.

Have you completed the requirements and received Federal or State Certification related to law enforcement employment? Yes: _____ No: _____

If yes, complete below:

Type Certification: _____ Cert. Number: _____
Date of Certification: _____ Certifying Agency: _____

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Date of Certification: _____ Certifying Agency: _____

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Date of Certification: _____ Certifying Agency: _____

Do you have a Georgia Peace Officer Certification? Yes: _____ No: _____

If yes, have you maintained this certification by meeting the minimum twenty (20) hours of annual training requirements since receiving this certification? Yes: _____ No: _____

Have you ever had an open investigation with P.O.S.T.? Yes _____ No _____

Supporting Documentation

Attach a copy of your birth certificate

In lieu of a birth certificate copy, a valid Georgia Driver’s license copy or one or more of the following documents may be accepted:

- Baptismal record
- Draft card
- Court Records
- Passport
- Citizenship Papers
- Armed Forces Discharge Papers (DD214)
- Certified copy of school records (transcripts)

This identification must show full name and date of birth of the applicant.

Also attach a copy to this page of:

- Social Security Card
- Driver’s License