

City of Ringgold
150 Tennessee St.
Ringgold, Georgia 30736

Telephone: (706) 935-3061
Fax: (706) 965-7446

APPLICATION FOR EMPLOYMENT

POSITION OR JOB TITLE APPLIED FOR:

We consider applicants for all positions without regard to race, color, sex, religion, national origin, age, marital or veteran status, the presence of a disability or any other legally protected status.

Personal Data

Last Name		First(given)		Middle	Maiden
Address:	Street	Apt. #	City	State	Zip
Telephone:	Business		Residence	Social Security Number	

WILL YOU ACCEPT: Temporary Work? ☐ Part-Time Work? ☐ Shift Work? ☐ Weekend/Holiday? ☐

Are you over 18 years _____ old? Are you eligible to work in the United States either because you are a U.S. citizen or have U.S. government permission to do so? No ☐ Yes ☐

NOTE: If offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in a determination that the applicant is ineligible for employment in the United States.

Have you ever worked for us before? No ☐ Yes ☐ If yes, when and Where? _____

Give name, relationship, & department of any relatives currently employed with the City of Ringgold

Are you able to perform the job duties listed for the position you are applying for without an accommodation? ☐ No ☐ Yes
If no, what accommodation is needed?

If this position requires a valid Georgia Driver's License, do you have a valid driver's license?
☐ No ☐ Yes License # _____ Type _____ State _____

Have you had any traffic violations in the past 3 years? ☐ NO ☐ Yes

Please indicate type of offense and dates _____

Have you ever been convicted of an offense against the law or are you now under charges for any offense of the law? (Omit non-moving traffic violations and any offense which was finally adjudicated in a Juvenile Court or under a Youth Offenders Law) ☐ No ☐ Yes If "Yes" give complete details: (Date, Place, Charges, Disposition)

NOTE: A conviction will not necessarily bar you from employment, Each conviction will be judged on its own merits with respect to time, circumstances and seriousness.

EDUCATION

Circle Highest Grade Completed:

High School (Circle One)

5 6 7 8 9 10 11 12

Name: _____

Address: _____

City

State

Graduated? ☐ No ☐ Yes

GED/USAFI

GED _____ USAFI _____

Date Awarded _____

Place Where Test Was Administered

Equivalency Diploma or Certificate Award? ☐ NO ☐ Yes

Name/Address of State Authority Issuing Diploma

COLLEGES/UNIVERSITIES

NAME OF SCHOOL	CITY	STATE	Hours Earned QTR./SEM	MAJOR	DEGREE

Special Honors: _____

Please use this space for additional information related to your education, training and experience.

Military Service Record

Have you ever served in the U.S. Armed Forces? ☐ No ☐ Yes If yes, what branch?

Duties of duty: _____ to _____ Rank: _____

Applicable skills acquired: _____

References

Give name, address, and telephone number of three (3) references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Work History

Describe your work history beginning with your current or most recent job. Include military and volunteer experience. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes and telephone number for all employers are necessary.

Have you ever been disciplined, fired, or asked to resign from any job? ☐ No ☐ Yes If yes, why?

Company Name: _____	Telephone: _____
Address: _____	Employment Dates: _____
_____	From: _____ to _____
Name of Supervisor: _____	Annual Salary: _____
Position Held: _____	Reason for Leaving: _____

Describe Your Duties: _____	

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Name of Supervisor: _____	Annual Salary: _____
Position Held: _____	Reason for Leaving: _____

Describe Your Duties: _____	

A resume may be attached only as additional information and will not be accepted in lieu of completing this section.

Applicant's Certification and Agreement

Authorization To Release Information

Conditions of Employment

I hereby declare the information provided by me in this application is true and complete, and I understand that misrepresentations, omissions of facts, or falsification of this information are grounds for refusal to hire, or if hired, termination.

I authorize any persons or organizations to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subject covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to you.

I authorize you to request, receive, and verify all information given in this application.

If I am employed by the City of Ringgold. I agree to conform to the policies, rules and regulations of the government set forth in the City of Ringgold's Personnel System, employee handbook, policies, and ordinances: and acknowledge that these policies, rules, and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option.

I further acknowledge that if I am employed by the employer, my employment will be at-will and may be terminated with or without cause at any time by me or by the employer until I become a nonprobationary regular employee.

If required by City of Ringgold Government for the position I am applying. I consent to undergo a physical examination, after I have been offered employment, as deemed necessary.

This Application will Remain Active for Ninety (90) Days Only Unless Renewed Personally By Me In Writing.

Before an application can be selected for employment with City of Ringgold Government he/she must submit to a drug test. Should you be offered a job with the City of Ringgold Government, your position may require random drug testing.

May we contact your present employer? ☐ No ☐ Yes

You must sign the "Authorization to Release Information" form to enable us to contact prior employers, even though we may not contact your present employer.

Date:

Signature:

Alcohol and Controlled Substance Testing

As a condition of employment by City of Ringgold Government, you will be required to submit to an alcohol and controlled substance screening test. Employees must, as a condition of employment, abide by our policy regarding the effects of drug use and the unlawful possession of controlled substances. Employees must report any conviction under a criminal drug statute for such violations. A report of the conviction must be made within five (5) days after the conviction. (This requirement is mandated by the Drug-Free Workplace Act of 1988). In order to be employed by the City of Ringgold Government, you must successfully pass this screening test.

By signing this form, you are acknowledging that you consent to such an examination and screening test.

Date: Signature:

PERSONNEL DEPARTMENT

AUTHORIZATION TO RELEASE INFORMATION ON DRIVING HISTORY

I hereby authorize the City of Ringgold Personnel Department or other authorized representative of The City of Ringgold bearing this release or copy thereof, within twelve (12) months of its date, to obtain any information in my files pertaining to my driving record. This release is executed with full knowledge and understanding that the information is for official use of the City of Ringgold Personnel Department. Consent is granted for the City of Ringgold to furnish such information as to described above, to third parties in the course of fulfilling its official responsibilities. Should there be any questions as to validity of this release, you may contact me as indicated below.

I hereby authorize my previous employers to provide the City of Ringgold Government and its agents any and all information that they may request. I hereby release my former employers from liability for providing such information.:

FULL NAME: _____
PRINT

DRIVER'S LICENSE NUMBER: _____ STATE WHERE ISSUED: _____

EXPIRATION DATE: _____

FULL NAME: _____

NOTARY PUBLIC: _____

NOTARY EXPIRATION: _____

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ to conduct an inquiry for
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)

NON-CRIMINAL JUSTICE PURPOSES	
<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)
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<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

DISCLOSURE STATEMENT

PURSUANT TO FAIR CREDIT REPORTING ACT (FCRA)

By this document the City of Ringgold discloses to you that a consumer report regarding your credit history, criminal history and other background information and/or an investigative consumer report containing information as to your character general reputation, personal characteristics and/or mode of living may be obtained from consumer reporting agencies, personal interviews or other sources in connection with your application for employment or any time during your employment (including independent contractor assignments, as applicable). The information obtained shall be used solely for the purpose of evaluating you for employment, promotion, reassignment, or retention as an employee or independent contractor.

All terms are used as defined in the FCRA, 15 U.S.C. § 1681 et seq.

AUTHORIZATION TO PROCURE A CONSUMER REPORT OR INVESTIGATIVE CONSUMER REPORT

I HEREBY authorize the City of Ringgold or those authorized by them to procure consumer reports and/or investigative consumer reports on me in connection with my application for employment or any time during my employment, which shall be used solely for the purpose of evaluating me for employment, promotion, reassignment, or retention as an employee or as an independent contractor. I understand that reports may include information about my prior employment, D.O.T. commercial driver experience as outlined in Parts 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations (FMCSRs), driving records, military record, education, credit worthiness and history, character, general reputation, criminal record, and mode of living, residency, general reputation, personal characteristics, performance, experience, reasons for termination of past employment and other qualities pertinent to my qualifications for employment.

I understand that this information may be obtained through a variety of sources, including, but not limited to, public records, educational institutions, financial institutions, credit bureaus, consumer reporting agencies, and personal interviews with my current and former employers, friends, neighbors and associates. I understand that upon written request to the City of Ringgold, I will be informed whether an investigative consumer report was requested and given information as to the nature and scope of the investigation requested. I understand that upon written request to the City of Ringgold, a copy of this Authorization will be provided to me.

_____ Date: _____ Time: _____
Print Name:

Signature: _____

CALIFORNIA, MINNESOTA AND OKLAHOMA RESIDENTS ONLY:

☐ I wish to receive a free copy of any Consumer Report and/or Investigative Consumer Report concerning me that is requested.