

City of Ringgold  
150 Tennessee Street  
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

GED/USAFI

Name: \_\_\_\_\_

GED \_\_\_\_\_ USAFI \_\_\_\_\_

Date Awarded \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Place Where Test Was Administered \_\_\_\_\_

Graduated?  No  Yes

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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: \_\_\_\_\_

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**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. \_\_\_\_\_

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### 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?

\_\_\_\_\_

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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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\_\_\_\_\_

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Company Name: _____	Telephone: _____
Address: _____	Employment Dates: From _____ to _____
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 non-probationary 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: \_\_\_\_\_

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**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 statue 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: \_\_\_\_\_

**CONFIDENTIAL**

**CITY OF RINGGOLD  
PERSONNEL DEPARTMENT**

It is the policy of the City of Ringgold to ensure equal opportunity in employment and promotion. This policy will be administered without regard to race, religion, color, national origins, marital or veteran status, sex, age, or disability.

For equal employment opportunity (EEO) statistical data, we request the following from you. Failure to complete this form will not affect your application for a position.

This form is not a part of the attached application for employment form. This sheet will be separated and filed separately from the employment application. All information will be considered strictly private and confidential and will be used for EEO purposes only. If you prefer not to reply, leave this sheet blank. Your cooperation is appreciated.

If you have questions, please contact the Personnel Department at (706) 935-3061

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Position(s) applied for \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_

**WITH WHICH ETHNIC GROUP DO YOU MOST IDENTIFY?**

1.  BLACK - Not of Hispanic Origins
2.  CAUCASIAN - Includes origins in Europe, North Africa, Middle East, not Hispanic or East Indian.
3.  HISPANIC - Includes origins of Mexican, Puerto Rican, Central or South American, or other Spanish culture.
4.  AMERICAN INDIAN/ALASKAN NATIVE
5.  ASIAN/PACIFIC ISLANDER
6.  OTHER \_\_\_\_\_

**REFERRAL SOURCE:**

- |                                      |   |  |
|--------------------------------------|---|--|
| 1. <input type="checkbox"/> Self     | 4. <input type="checkbox"/> Professional Journals | 7. <input type="checkbox"/> Employment service |
| 2. <input type="checkbox"/> Walk-in  | 5. <input type="checkbox"/> Community Agency      | 8. <input type="checkbox"/> News paper         |
| 3. <input type="checkbox"/> Relative | 6. <input type="checkbox"/> Employee              | 9. <input type="checkbox"/> other              |



Georgia Bureau of Investigation  
Georgia Crime Information Center

Consent Form

I hereby authorize \_\_\_\_\_  
to receive any Georgia criminal history record information pertaining to me which may be 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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

One of the following must be checked:

- 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.

## 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.