



RINGGOLD POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT

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An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for: _____ Today's Date: _____

Are you seeking: Full-time Part-time Temporary employment? When could you start work? _____

Last Name First Name Middle Name Telephone Number

Present Street Address City State Zip Code

Are you less than 18 years of age? Yes No E-Mail Address: _____
(If you are hired, you may be required to submit proof of age.)

Have you ever applied here before? Yes No If yes, when? _____

Have you ever been employed here? Yes No If yes, when? _____

If employed, do you expect to be engaged in any additional business or employment outside of our job? Yes No

If yes, give details _____

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

Driver's License Number _____ Class of License _____ State Licensed In _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes No
(answer not required unless the position requires driving a city vehicle)

If yes, give details: _____

Have you ever served on active duty in the U.S. armed forces? Yes No

If yes, which branch: _____

Are you currently a member of active reserves or National Guard? Yes No

If yes, which branch/status: _____

LIST NAME AND ADDRESS OF SCHOOLS

Number of Years Completed Diploma/Degree Certificate Subjects Studied

High School or GED: _____

College or University: _____

Vocational or Technical: _____

What skills or additional training do you have that relate to the job for which you are applying? _____

What machines or equipment can you operate that relate to the job for which you are applying? _____

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ to conduct an inquiry for
Agency/Company
 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)
<input type="checkbox"/>	F - Probate Court / Weapons Carry License
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

Georgia Driver's History Consent Form

O.C.G.A. § 40-5-2(f)(4) authorizes local fire departments and law enforcement agencies access to Georgia driver's history records as part of an application for employment or any current employee for use relative to the performance of official duties with the local fire or law enforcement agency.

I hereby authorize the

List Name of Law Enforcement Agency/Fire Department

To receive a copy of my Georgia Driver's History record as part of my application for employment, or for use relative to the performance of my official duties with the agency.

Full Name (print)	
Address	
Sex	
Race	
Date of Birth	
Social Security Number	
Driver's License Number	

This authorization is valid for 90 days from the date of signature.

Signature

Date

To be completed by CJIS network operator:

Date of Inquiry	
Time of Inquiry	
Operator's Initials	

Date Results Provided	
Person Results Provided to	

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? YES NO

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:_____

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

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 |

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.

Name: _____ Date: _____ Time: _____

Signature: _____