

CITY OF ELLIJAY
ELLIJAY, GA.
APPLICATION FOR EMPLOYMENT
(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

DATE _____

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY NUMBER _____

PRESENT ADDRESS _____

PERMANENT ADDRESS _____

PHONE NUMBER _____ ARE YOU 18 YEARS OR OLDER? _____

SPECIAL QUESTIONS:

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS AREA UNLESS THE EMPLOYER HAS HIGHLIGHTED AN AREA PRECEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THE U.S.? YES NO

HEIGHT ___ FEET ___ INCHES WEIGHT ___ LBS. DATE OF BIRTH _____

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY?

WRITE _____ READ _____

**HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS? YES NO
DESCRIBE INCIDENT _____

*THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 70 YEARS OF AGE.

**YOU WILL NOT BE DENIED EMPLOYMENT SOLELY BECAUSE OF A CONVICTION RECORD, UNLESS THE OFFENSE IS RELATED TO THE JOB FOR WHICH YOU HAVE APPLIED.

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START WORK _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE INQUIRE WITH YOUR EMPLOYER? _____

HAVE YOU EVER APPLIED FOR A POSITION HERE BEFORE? _____ WHEN _____

EDUCATION

GRAMMAR SCHOOL _____ DID YOU GRADUATE _____

HIGH SCHOOL _____ DID YOU GRADUATE _____

COLLEGE _____ DID YOU GRADUATE _____

TRADE, BUSINESS OR CORRESPONDENCE SCHOOL _____

OTHER SPECIAL SCHOOLS THAT WOULD APPLY TO POSITION REQUESTED _____

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____ PRESENT STATUS _____

FORMER EMPLOYMENT

DATES EMPLOYED	NAME/ADDRESS OF EMPLOYER	SALARY	POSITION- REASON FOR LEAVING
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REFERENCES- GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	PHONE	YEARS KNOWN
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1. _____
2. _____
3. _____

PHYSICAL RECORD

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? _____ IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? _____

IN CASE OF EMERGENCY NOTIFY _____

Name	Address	Phone number	Relationship
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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 listed above to give you any and all information concerning my previous employment and any pertinent information that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

Date

Applicants signature

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____

DATE _____

COMMENTS _____

HIRED: YES / NO POSITION _____ DEPARTMENT _____

SALARY WAGE _____ PER _____ DATE REPORTING TO WORK _____

APPROVED

1. _____ 2. _____ 3. _____

PERSONNEL MANAGER

DEPT. HEAD

MAYOR