

Military Service

Branch of Service: _____ Branch of Service: _____

Dates Served: _____ Dates Served: _____

Type of Discharge: _____ Type of Discharge: _____

Employment History

Provide your employment history beginning with your present or most recent jobs. If you were self-employed, give firm name; include any military or volunteer work. Failure to give complete information regarding each job held may result in your disqualification. Complete address with zip codes and phone numbers for all employers are necessary.

Employment #1

Dates employed (Mo/Yr) Company Name Company Phone # Starting Salary Ending Salary

Job Title Company Address Supervisor Name:

Duties and Responsibilities:

Reason for leaving: _____ May we contact this employer? Yes No

Employment #2

Dates employed (Mo/Yr) Company Name Company Phone # Starting Salary Ending Salary

Job Title Company Address Supervisor Name:

Duties and Responsibilities:

Reason for leaving: _____ May we contact this employer? Yes No

Employment History continued

Employment #3

Dates employed (Mo/Yr) Company Name Company Phone # Starting Salary Ending Salary

Job Title Company Address Supervisor Name:

Duties and Responsibilities:

Reason for leaving: _____ May we contact this employer? Yes No

Employment #4

Dates employed (Mo/Yr) Company Name Company Phone # Starting Salary Ending Salary

Job Title Company Address Supervisor Name:

Duties and Responsibilities:

Reason for leaving: _____ May we contact this employer? Yes No

Driving History

Do you have a valid driver's license? Which State? Driver's License #: Date of Expiration:

Yes No

Do you have a commercial driver's license? Which State What Type Driver's License #: Date of Expiration

Yes No

Personal Refences: (Not former employers or relatives)

Full Name

Address

Phone Numbers (Home & Cell)

Pre-Employment Drug Testing Acknowledgement

I hereby acknowledge and understand that as a part of my application for employment for a position which involves the performance of safety-sensitive functions as defined by 49 CFR Part 655, as amended, I must submit to a urine drug test under the authority of the United States Department of Transportation, Federal Transit Administration. I acknowledge that any offer for employment is contingent on passing the aforementioned drug test.

Print name

Signature

Date: _____

(Your application for employment will not be considered for employment unless this acknowledgement is completed and signed)

General Information

Do you need special accommodations to perform the duties described in the job description? Yes No

If you answered yes, please explain:

Can you submit a legal verification of your right to work in the United States? Yes No
(In accordance with the Immigration Reform and Control Act of 1986, proof of authorization to be employed in the United States will be required of all prospective employees. Failure to establish such proof will prohibit or discontinue employment.)

Have you ever been convicted of, or pleaded guilty or nolo to a felony or misdemeanor in the past 8 years, other than a minor traffic violation?

Yes No

If yes, When: _____ Where: _____

For what: _____

In the event of an emergency, contact:

Name:

Address:

Phone:

Relationship:

Applicant's Statement

I certify that the information given in this application is true and complete to the best of my knowledge. I understand that this application is not a contract for employment. I further understand that should employment be offered, my employment and compensation may be terminated with or without cause at any time by either the City of Hampton or myself. I understand that submission of the application in no way assures me a position and that no City representative has the authority to enter into any employment agreement with the city to the foregoing.

Employment with the City of Hampton is contingent upon successfully passing a medical and physical examination (which will include a drug screening, provided at no cost to the applicant/employee).

I understand that failure to submit a complete application may disqualify me from consideration for a position.

I understand that any untrue statement in the application may result in my dismissal at any time during my employment with the City of Hampton.

I authorize the release of high school and college transcripts, information concerning my previous employment and any information my former employers may have pertinent to the application and the employment procedure of the City of Hampton. I release all parties from all liability for any damage that may result from requesting, providing, processing, retaining or releasing any information about me. A photographic copy of this authorization shall be as valid as the original.

I understand that resumes, letters of reference, certificates, etc. submitted with the application become property of the City of Hampton and cannot be returned. The information I have provided on this application is subject to public disclosure under the Georgia Open Records Act.

I understand that disclosure of my Social Security Number on this application for employment is voluntary, that this information is solicited pursuant to the employer's policies, and that it is intended to be used for the purposes of identification and tracking by the employer in employment transactions.

By signing this application, I hereby acknowledge that I understand and agree to all provisions outlined herein, and that if hired, I understand that I will be on probation for a period of one (1) year.

Applicant's signature

Date

The City of Hampton does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby give my consent for the _____
(criminal justice agency)

to receive any Georgia or III criminal history record information pertaining to me, as authorized under state and federal law for individuals seeking employment with a criminal justice agency.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Check applicable box:

- Employment with criminal justice agency – civilian (Purpose code 'J')
 Employment with criminal justice agency – P.O.S.T. certified (Purpose code 'Z')

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 agency.

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Georgia Driver's History Consent Form

I hereby authorize the _____
(fire department/law enforcement agency name)
to receive a copy of my Georgia driver's history information as part of my application for
criminal justice employment, or for use relative to the performance of my official duties
with this agency.

Full Name (Print)

Sex

Date of Birth

Driver's License Number

Signature

Date

Hampton Police Department

Authorization for Release of Personal Information

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Hampton Police Department, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners and the U. S. Veteran's Administration; employment and pre-employment records, including internal investigative reports, background reports, polygraph reports and charts; efficiency rating complaints or grievances filed by or against me; and the records and recollections of attorneys-at-law or the counsel; whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest; and any other document or article of information or opinion deemed pertinent for the purposes of assessing my suitability for employment.

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 determining my suitability as a candidate for employment by the City of Hampton. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and are released from any and all liability of any kind or nature including but not limited to, defamation (libel and slander) related to my references and background checks.

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: _____

Address: _____

Phone: _____

Social Security #: _____

Notary

Date

Notary Public, _____ County, Georgia

My Commission Expires: _____