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
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.
_____
_____
_____
_____

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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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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.___Self	4.___Professional Journals	7.___Employment service
2.___Walk-in	5.___Community Agency	8.___News paper
3.___Relative	6.___Employee	9.__other

CITY OF RINGGOLD
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:_____ DATE OF BIRTH:_____

FULL NAME:_____

NOTARY PUBLIC:_____

NOTARY EXPIRATION:_____

****

150 Tennessee Street ♦ Ringgold, GA 30736 ♦ (706) 935-3061

_____

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.