

EMPLOYMENT APPLICATION

City of Flowery Branch ♦ PO Box 757 ♦ Flowery Branch, GA 30542

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodations for the applications or interview.	Date of Review (Month/Day/Year)
APPLICANT DATA:	Position Applied for:
How were you referred to us:	

Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-Mail: _____

Date Available to Start: _____ Social Security # _____ Salary Requirement _____

If you are under 18 and we require a work permit, can you furnish one? Yes No

If no, please explain: _____

Have you ever worked for this company? Yes No

Are you a citizen of the United States? Yes No

If not, are you legally allowed to work in the United States? Yes No

Type of employment desired: Full-Time Part-Time Temporary Seasonal

Have you pleaded "guilty," "No contest," or been convicted of a crime? Yes No

If yes, give dates and details: _____

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Drivers license number if applicable to position: _____ State: _____

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS

Employment/Reference Information

PLEASE PRINT NEATLY AND USE AN INK PEN. EXPECT EVERY PERSON TO BE COTNACTED.

NAME	POSITION APPLYING FOR	SIGNATURE	DATE
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Previous Employment

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO If no, please include a professional reference who may be contacted to verify your current employment.

1.

CURRENT OR MOST RECENT EMPLOYER (OR COMPANY)	POSITION HELD	DEPARTMENT
STREET	EMPLOYED FROM (DATE TO DATE)	FINAL SALARY [] CELL [] WORK [] HOME
CITY/STATE/ZIP	SUPERVISOR	PHONE WITH AREA CODE [] CELL [] WORK [] HOME
PHONE WITH AREA CODE	REASON FOR LEAVING	ANOTHER SUPERVISOR OR COWORKER
		PHONE WITH AREA CODE

2.

NEXT MOST RECENT EMPLOYER (OR COMPANY)	POSITION HELD	DEPARTMENT
STREET	EMPLOYED FROM (DATE TO DATE)	FINAL SALARY [] CELL [] WORK [] HOME
CITY/STATE/ZIP	SUPERVISOR	PHONE WITH AREA CODE [] CELL [] WORK [] HOME
PHONE WITH AREA CODE	REASON FOR LEAVING	ANOTHER SUPERVISOR OR COWORKER
		PHONE WITH AREA CODE

3.

NEXT MOST RECENT EMPLOYER (OR COMPANY)	POSITION HELD	DEPARTMENT
STREET	EMPLOYED FROM (DATE TO DATE)	FINAL SALARY [] CELL [] WORK [] HOME
CITY/STATE/ZIP	SUPERVISOR	PHONE WITH AREA CODE [] CELL [] WORK [] HOME
PHONE WITH AREA CODE	REASON FOR LEAVING	ANOTHER SUPERVISOR OR COWORKER
		PHONE WITH AREA CODE

Professional References

People with whom you have worked are preferable. Please do not list relatives.
Do not repeat people listed above.

NAME / HOW YOU KNOW HIM/HER (EXAMPLE: JOHN DOE/COWORKER)	STREET/CITY/STATE/ZIP	PHONE(S) WITH AREA CODE (LIST AS MANY AS POSSIBLE)
		[] CELL [] WORK [] HOME
NAME / HOW YOU KNOW HIM/HER	STREET/CITY/STATE/ZIP	PHONE(S) WITH AREA CODE
		[] CELL [] WORK [] HOME
NAME / HOW YOU KNOW HIM/HER	STREET/CITY/STATE/ZIP	PHONE(S) WITH AREA CODE

FLOWERY BRANCH POLICE DEPARTMENT
5519 MAIN STREET
FLOWERY BRANCH, GA 30542
770 967-6336
CONSENT FORM

PURPOSE: _____

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')
- Employment with Hall County Government Law Enforcement Sworn Officer (Purpose code 'J')
- Employment with Flowery Branch Law Enforcement Non-Sworn Officers (Purpose code 'E')

Must be checked:

This authorization is valid for 90 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.

I hereby authorize the Flowery Branch Police Department to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

PLEASE PRINT INFORMATION

FIRST MIDDLE LAST (MAIDEN)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP

SEX RACE DATE OF BIRTH SOCIAL SECURITY #

SIGNATURE PRINTED NAME

NOTARY DATE

RECORD ON FILE NO RECORD ON FILE

RECORDS CLERK
(AGENCY USE ONLY)

DATE COMPLETED
(AGENCY USE ONLY)

Special Conditions
If an adverse employment or licensing decision is made against the person whose record was obtained under this law, the person shall be informed. That a record was obtained, the specific contents of the record and the effect the record has upon the decision.
Failure to provide this information to the person subject to the adverse decision shall be a misdemeanor.