

CITY OF REIDSVILLE

Telephone: (912) 557-4786

"Friendship City USA"

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Sydney Clifton, Mayor
 Curtis Colwell, Mayor Pro-Tem
 Lindsay Bennett, Council
 Carolyn Crume-Blackshear, Council
 Virgil Duckworth, Council
 Doug Williams, Council

W. Scott Brannen, Attorney
 Kellie Murray, City Administrator
 Darien Renfroe, Recreation Director
 Dianne Sapp, Chief of Police
 Ronnie Willis, Bldg, Inspector
 Rodney Deloach, Public Wks. Dir.

APPLICATION FOR EMPLOYMENT

An equal opportunity employer

Type or print clearly in ink and sign this application.

PERSONAL DATA

<p style="text-align: center;"><u>Enter your social security number:</u></p> <p style="text-align: center;">_ - _</p>	<p style="text-align: center;"><u>For city office use only</u></p>
<p><u>Last Name</u> <u>First</u> <u>MI</u></p>	
<p><u>Apt #</u> <u>Address—Street or P.O. Box</u></p>	<p><u>Are you a city employee who has permanent status?</u> Yes No</p>
<p><u>City</u> <u>State</u> <u>Zip</u> <u>County</u></p>	<p><u>Phone number where you can be reached:</u> () -</p>

Information requested below for equal opportunity monitoring purposes.

<p style="text-align: center;"><u>Birthdate:</u></p> <p>Month Day Year</p>	<p style="text-align: center;"><u>Sex:</u></p> <p>Male Female</p>	<p style="text-align: center;"><u>US Citizen:</u></p> <p>Yes No</p>	
<p style="text-align: center;"><u>Do you require special accommodations due to a handicap?</u></p> <p style="text-align: center;">Yes No</p>	<p style="text-align: center;"><u>Have you ever been dismissed from any city or government position?</u></p> <p style="text-align: center;">Yes No</p>	<p style="text-align: center;"><u>Have you been convicted of a felony?</u></p> <p style="text-align: center;">Yes No</p>	

JOB TITLE

If you are applying for an advertised job vacancy, put only that job title on this application.

Do not submit without correct job titles; Do not request more than three.	Choice	Specific Job Title Sought	Salary Desired
	1st		
	2nd		
	3rd		

Special skills and experience (check any that apply to you).

Dictaphone	Driver's License	Typing WPM _____	Bookkeeping
Key punch	CDL License	POST Training	Work nights

EDUCATION

Specific college hours must be listed in this section.

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12	High School Completed? Yes No	Vocational School	Area of Study		
Name and location of College attended:	Credit received: Quarter hours Semester hours	Field of Study: Major Hours	Type of Degree:	Date:	

I certify that all information on this application and attached documents is correct. I authorize the City of Reidsville to verify this information and to release it to any other city that may consider me for employment.

Signature

Date

DRIVER'S HISTORY REQUEST

DATE: _____

TO WHOM IT MAY CONCERN:

I, _____, DO HEREBY GIVE
MY PERMISSION FOR _____,
(MUST SHOW IDENTIFICATION) TO OBTAIN A COPY OF MY
SEVEN YEAR DRIVER'S HISTORY.

MY LICENSE NUMBER IS: _____,
AND MY DATE OF BIRTH IS _____.

Signature

Notary Public

Law Enforcement Use/ No Fee Required

Reidsville Police Department

Authorization and Release

Re Application of: _____
Name of applicant or Registrant

TO WHOM IT MAY CONCERN:

Having filed an application with the City of Reidsville, I hereby authorize and request every person, official, representative of a firm, corporation, association, organization or institution (collectively the "Authorized Persons") having control of any documents, records or other information pertaining to me or relevant to my character and fitness, to furnish the originals or copies of any such documents, records and other information to the City of Reidsville or any of its representatives and to permit the City of Reidsville or any of its representatives to inspect and make copies of any such documents, records or other information.

I also authorize the National Personnel Records Center and any other agency in possession of military records regarding the undersigned to release any such records, including, but not limited to, records of release from the military service (including an undeleted copy of my DD form 214) to the City of Reidsville or to the City's authorized medical representative.

I hereby further authorized Persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the City of Reidsville or its authorized representative and to appear before the City Council or its authorized representative of the City of Reidsville and to give full and complete testimony concerning the undersigned, including any information furnished by the undersigned. I hereby relinquish any and all rights to receive said information furnished to the City or its authorized representative. I fully understand that I shall not be entitled to have disclosed to me contents of any of the foregoing.

I hereby release, exculpate and exonerate the National Personnel Records Center and all Authorized Persons that comply in good faith with the authorization and request made herein from any and all liability of every nature and kind growing out of or in any way pertaining to the furnishing or inspection of such documents, records and other information or the investigation made by the City of Reidsville.

I understand that this authorization and Release shall be effective until a decision is made upon my application. A copy of this Authorization and Release shall be as authentic as the original.

STATE OF GEORGIA
COUNTY OF TATTNALL

Sworn to and subscribed before me this
_____ day of _____, 20____, by

Signature of Applicant or Registrant

Signature and Seal of Notary Public

CRIMINAL HISTORY

CONSENT FORM

(please print information)

I hereby authorize

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.

Name: _____
 Last First Middle Maiden

Address: _____
 P.O. Box, Street Address, or R.R. Number

 City State Zipcode

Sex: _____ Race: _____ Date of Birth: _____

Social Security Number: _____ - _____ - _____

Signature

Notary

Date