

# EMPLOYMENT APPLICATION

*City of Fort Oglethorpe*

**An Equal Opportunity Employer**

**THIS IS A  
DRUG FREE WORKPLACE**

**IMPORTANT INSTRUCTIONS**

1. Type or print all answers in ink.
2. Complete all sections. This application is part of the examining process.
3. Notify this office of any change in your address.
4. Proof of education must also be presented with this application for credit to be received for high school or above.
5. Applicants may be required to provide verification of minimum age before employment.

POSITIONS APPLIED FOR	
1.	
2.	
3.	

NAME	LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
				____ - ____ - ____

ADDRESS	NUMBER AND STREET	CITY	COUNTY	STATE	ZIP CODE	BUSINESS PHONE ( )
						HOME PHONE ( )

DRIVERS LICENSE#	STATE	TYPE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> D <input type="checkbox"/> H <input type="checkbox"/> P	EXPIRATION DATE ____/____/____	ADDITIONAL LICENSE OR CERTIFICATES TYPE	DATE GRANTED / /	NUMBER	DATE EXPIRES / /
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NAME AND PHONE OF PERSON TO CONTACT IN CASE YOU'RE NOT AVAILABLE AT OTHER NUMBERS	NAME	BUSINESS PHONE ( )	HOME PHONE ( )	ARE YOU A U.S. CITIZEN OR REGISTERED LEGAL ALIEN?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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EDUCATION AND TRAINING	Did You Graduate From High School?	If not, have you passed a G.E.D. test	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Or Less 8 9 10 11 12 Above 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE PASSED	SCORE

TYPE OF SCHOOL	SCHOOL NAME CITY AND STATE	TYPE OF DIPLOMA OR DEGREE	MAJOR FIELD	GRADE AVERAGE	DATES ATTENDED			
					From		To	
					Mo.	Yr.	Mo.	Yr.
LAST HIGH SCHOOL ATTENDED								
COLLEGES ATTENDED								

CHECK "YES" OR "NO" FOR EACH OF THE FOLLOWING. IF YOU CHECK "YES" TO ANY QUESTION, GIVE DETAILS IN THE AREA PROVIDED BELOW.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Are you or have you ever been an employee of Fort Oglethorpe Government? If yes, please give employment dates and department.  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Have you ever applied for employment with Fort Oglethorpe Government? If yes, state job applied for and approximate date of application in the section below.  | <input type="checkbox"/>     | <input type="checkbox"/>    |
| 3. Are you claiming veteran's preference for military service during a period of war? If yes, DD Form 214 with type of discharge must be provided.  | <input type="checkbox"/>     | <input type="checkbox"/>    |
| 4. Have you ever been convicted for violation of the law other than minor traffic offenses?<br>NOTE: A conviction record will not always be considered grounds for disqualification, but will be weighed relative to the position being sought. | <input type="checkbox"/>     | <input type="checkbox"/>    |
| 5. Have you ever been discharged or forced to resign from employment?<br>NOTE: Do not include business closures or general layoffs.   | <input type="checkbox"/>     | <input type="checkbox"/>    |

USE THIS SECTION FOR GIVING COMPLETE DETAILS TO ALL "YES" ANSWERS TO QUESTIONS 1 THROUGH 5 ABOVE

QUESTION NO.	EXPLANATION

EMPLOYMENT RECORD – Include all previous employment: Full-time, part-time, self-employed, and unemployed periods over one month. Begin with your present job or last job you held. Ask for additional forms if more space is needed.			
From (Mo. and Year) 1	Employer's Name	Phone	Title of Your Present or Last Position
To (Mo. and Year)	Number & Street	Primary Duties	
Total Months Worked	City	State	Zip
Hours Worked Each Week	Name and Title of Supervisor		
Starting Salary	If we contact your present employer, will your position be endangered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Present/Last Salary	Reason For Leaving or Considering Change	Equipment Used:	
		No. of Employees You Supervised	

From (Mo. and Year) 2	Employer's Name	Phone	Title of Position
To (Mo. and Year)	Number & Street		Primary Duties
Total Months Worked	City	State	Zip
Hours Worked Each Week	Name and Title of Supervisor		
Last Salary	Reason for Leaving		Equipment Used: No. of Employees You Supervised
From (Mo. and Year) 3	Employer's Name	Phone	Title of Position
To (Mo. and Year)	Number & Street		Primary Duties
Total Months Worked	City	State	Zip
Hours Worked Each Week	Name and Title of Supervisor		
Last Salary	Reason for Leaving		Equipment Used: No. of Employees You Supervised
From (Mo. and Year) 4	Employer's Name	Phone	Title of Position
To (Mo. and Year)	Number & Street		Primary Duties
Total Months Worked	City	State	Zip
Hours Worked Each Week	Name and Title of Supervisor		
Last Salary	Reason for Leaving		Equipment Used: No. of Employees You Supervised
From (Mo. and Year) 5	Employer's Name	Phone	Title of Position
To (Mo. and Year)	Number & Street		Primary Duties
Total Months Worked	City	State	Zip
Hours Worked Each Week	Name and Title of Supervisor		
Last Salary	Reason for Leaving		Equipment Used: No. of Employees You Supervised

- I. I hereby certify that I have answered all questions truthfully and I understand that any intentional falsification or omission of information on this application may result in the immediate disqualification or dismissal from this or any other Fort Oglethorpe Position.
- II. I understand that all work experience and education must be recorded on an official application and that qualification, experience, and education ratings will be based solely on such.
- III. I understand that laboratory testing to determine drug or alcohol use may be conducted at the time of the pre-employment medical examination for Public Health and Safety classifications. The results of the examination will be released to the Fort Oglethorpe Manager and may be a factor in determining my suitability for the position for which I have applied.
- IV. I understand that once I file an application, the information contained herein and in related documents becomes public information and is subject to being released to the public upon request.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE**

QUALIFIER COMMENTS

INTERVIEW VERIFICATION:	County Resident	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Proof of Education Age, If required	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Veteran's Preference Education/Experience	Yes <input type="checkbox"/>	No <input type="checkbox"/>	QUALIFIER
CLASSIFICATION:				CLASS NO.						
EXAM	EXAM DATE	RAW SCORE	CONVERTED SCORE	WEIGHT	GRADE					
EDUCATION										
WRITTEN										
EXPERIENCE										
ORAL										
PERFORMANCE										
OTHER										
VETERAN'S PREFERENCE										
TEST ADMINISTRATOR:	ENTERED BY:			FINAL GRADE:						

## Criminal History Consent Form

I, \_\_\_\_\_  
Last Name First Name Middle Name

Race: \_\_\_\_\_ Height: \_\_\_\_\_

Sex: \_\_\_\_\_ Weight: \_\_\_\_\_

DOB: \_\_\_\_\_ Eye Color: \_\_\_\_\_

SSN: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Authorize:

\_\_\_\_\_  
Fort Oglethorpe Fire + Rescue  
Name of Agency/Individual

\_\_\_\_\_  
Name of Person to pick up record

\_\_\_\_\_  
201 Forrest Rd  
Street Address

\_\_\_\_\_  
Ft. Oglethorpe Ga 30742  
City State Zip Code

To receive my criminal history record from the Fort Oglethorpe Georgia Police Department.

\_\_\_\_\_  
Signature of person

Notarized:

\_\_\_\_\_  
Seal required

Unless all blanks on this form are completed and form notarized, no information will be released.