



## Application for Employment

### Pre-Employment Questionnaire City of Hoschton is an Equal Opportunity Employer

**Personal Information:**

Name (Last, First, Middle): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**Employment Desired:**

Position: \_\_\_\_\_ Date Available: \_\_\_\_\_ Salary: \_\_\_\_\_

Ever Applied before to City of Hoschton: \_\_ Yes \_\_ No

If so, when: \_\_\_\_\_

How do you learn about this Position: \_\_\_\_\_

**Education:**

School Level	Name and Location of School	No. of years Attended	Did you Graduate?	Course of Study
High School				
College				
Graduate School				
Trade, Business or Correspondence School				

**Employment History** (List current and two previous employers)

Name of Present/Last Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Weekly Wage: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_ Can we contact: \_\_ Yes \_\_ No  
 Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Description of Work: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 \_\_\_\_\_

Name of Previous Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Weekly Wage: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_ Can we contact: \_\_ Yes \_\_ No  
 Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Description of Work: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 \_\_\_\_\_

Name of Previous Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Weekly Wage: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_ Can we contact: \_\_ Yes \_\_ No  
 Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Description of Work: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 \_\_\_\_\_

**Personal Reference:** \_\_\_\_\_

	Name	Address	Phone	Business	Years Ac- quainted
1					
2					
3					

**Service Record:**

Military Service:  Yes  No Branch: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_ Rank: \_\_\_\_\_

**Background Information:**

Have You Been Convicted of a Felony:  Yes  No

If Yes, Explain: \_\_\_\_\_

Have You Been Convicted of any Crimes of moral turpitude  
(e.g. theft, fraud):  Yes  No

If Yes, Explain: \_\_\_\_\_

Have You ever sought and been refused a bond:  Yes  No

If Yes, Explain: \_\_\_\_\_

**Authorization:**

I Certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the City of Hoschton from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the City of Hoschton has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized representative of the City of Hoschton.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Background Investigation Consent:**

I, \_\_\_\_\_, agree to submit to fingerprint identification checks. Said investigations will produce sufficient information to determine my suitability and fitness for employment by the City of Hoschton.

I, \_\_\_\_\_, understand that the City of Hoschton can disqualify me for employment or terminate me if I have been convicted by any state or the federal government of any felony or have been convicted of sufficient misdemeanors to establish a pattern of disregard to the law. I may be disqualified or terminated due to giving false information, releasing confidential information or criminal history record information to improper authorities.

I, \_\_\_\_\_, hereby authorize Hoschton Police Department or Jackson County Public Safety Communications Center to receive any criminal or driver's history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

I understand this document completely, and will submit to such investigations as stated above.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Race: \_\_\_\_\_ Society Security No: \_\_\_\_\_

Notary Public: \_\_\_\_\_ Date: \_\_\_\_\_

My commission expires: \_\_\_\_\_