



City of Hogansville, Georgia  
400 East Main Street, Hogansville, GA 30230

## APPLICATION FOR EMPLOYMENT

Internal Use Only

Position Applied For: \_\_\_\_\_ Q ☐ NQ ☐

All Information provided on this application MUST BE COMPLETE so that all applications can be given equitable consideration. All qualified applicants will receive consideration for employment regardless of race, color, religion, sex, age, national origin or disability. The City of Hogansville will hire only authorized workers regardless of national origin. This application must be typed or printed. YOU MUST SIGN AND DATE YOUR APPLICATION IN INK. RESUMES ARE NOT ACCEPTED IN LIEU OF A COMPLETED APPLICATION.

### INCOMPLETE APPLICATIONS WILL BE REJECTED

Social Security Number \_\_\_\_\_ Salary Requirement \_\_\_\_\_

\_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Other name(s) under which you may have been employed \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

How did you hear of this opening? \_\_\_\_\_ Date available to begin \_\_\_\_\_

Will you accept: Temporary Work ☐ Part-Time Work ☐ Shift Work ☐

Weekend/Holiday ☐ (Check all that apply)

Are you over 18 years old? Y ☐ N ☐ 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? Y ☐ N ☐

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 you are ineligible for employment in the United States.

***"We are an Equal Opportunity Employer"***

Have you ever worked for us before? Y ☐ N ☐ If yes, when & where \_\_\_\_\_

Give name, relationship & Dept. of any relatives who are employed by the City of Hogansville.  
\_\_\_\_\_

Do you use tobacco Products? Y ☐ N ☐ If yes, explain: \_\_\_\_\_

Do you have a valid Drivers License? Y ☐ N ☐ # \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_

Have you been convicted of any traffic violations in the Past 3 years? Y ☐ N ☐ If yes,  
list the type of offense and dates: \_\_\_\_\_  
\_\_\_\_\_

## CRIMINAL HISTORY INFORMATION

Have you, since the age of 18, ever been convicted of or pleaded no contest to a misdemeanor? (For example: DUI, Bad Checks, etc.) Omit non-moving traffic violations, parking tickets and any offense which was finally adjudicated in a Juvenile Court or under a Youth Offender Law. Y ☐ N ☐ If yes, describe the circumstances: (Date, Place, Charges, Disposition) Use additional sheets if necessary.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you, since the age of 18, ever been convicted of or pleaded no contest to a felony? Yes ☐ N ☐ If yes, describe the circumstances: (Date, Place, Charges, Disposition) Use additional sheets if necessary.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: An applicant convicted of a criminal offense involving the manufacture, distribution, trafficking or sale of a controlled substance, dangerous drugs or marijuana, or convicted of any felony involving a violent crime such as assault with a deadly weapon, aggravated assault or murder are ineligible for employment with the City of Hogansville. Such applicants will be automatically rejected. Applicants convicted of any other felony will be considered on a case-by-case basis. An applicant who has been convicted of any felony or misdemeanor and has received a pardon from the appropriate State Pardons Parole Board will be eligible for employment with the City of Hogansville.**

Have you ever been suspended, demoted, dismissed or asked to resign from any job?

Y ☐ N ☐ If yes, explain in detail: \_\_\_\_\_  
\_\_\_\_\_

## EDUCATION

High School Name \_\_\_\_\_ Address \_\_\_\_\_

Graduated Y ☐ N ☐ If not a High School graduate, do you have a GED Y ☐ N ☐

If not a High School Graduate, enter the highest grade Completed.

Colleges/Universities/Technical Schools, or other post-secondary education:

Name of School	City	State	If No Degree		Major	Type of Degree	Degree Earned
			Hours Earned	Quarter Semester			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Describe any specialized training, qualifications, skills and extra curricular activities which relate to the job for which you are applying. USE ADDITIONAL SHEETS IF NECESSARY

---



---



---

**REFERENCES:** Give three (3) references that **ARE NOT** related to you and **ARE NOT** previous employers.

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## WORK HISTORY

Describe your work history beginning with your **current or most recent job**. Include military and volunteer experience and periods of unemployment. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes and telephone numbers for all employers are necessary. A resume may be attached only as additional information and will not be accepted in lieu of completing this section. Use additional sheets if necessary.

.....

Name of Organization or firm: \_\_\_\_\_ Telephone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employed From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_ Total Time Employed \_\_\_\_\_

Name of your Supervisor \_\_\_\_\_ Pay Start: \_\_\_\_\_ End: \_\_\_\_\_

Your Official Job Title: \_\_\_\_\_ Specific Reason for Leaving \_\_\_\_\_

\_\_\_\_\_  
**Describe Your Specific Job Duties:**

\_\_\_\_\_  
\_\_\_\_\_

.....  
Name of Organization or firm: \_\_\_\_\_ Telephone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employed From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_ Total Time Employed \_\_\_\_\_

Name of your Supervisor \_\_\_\_\_ Pay Start: \_\_\_\_\_ End: \_\_\_\_\_

Your Official Job Title: \_\_\_\_\_ Specific Reason for Leaving \_\_\_\_\_

\_\_\_\_\_  
**Describe Your Specific Job Duties:**

\_\_\_\_\_  
\_\_\_\_\_

.....  
Name of Organization or firm: \_\_\_\_\_ Telephone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employed From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_ Total Time Employed \_\_\_\_\_

Name of your Supervisor \_\_\_\_\_ Pay Start: \_\_\_\_\_ End: \_\_\_\_\_

Your Official Job Title: \_\_\_\_\_ Specific Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

**Describe Your Specific Job Duties:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
Name of Organization or firm: \_\_\_\_\_ Telephone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employed From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_ Total Time Employed \_\_\_\_\_

Name of your Supervisor \_\_\_\_\_ Pay Start: \_\_\_\_\_ End: \_\_\_\_\_

Your Official Job Title: \_\_\_\_\_ Specific Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

**Describe Your Specific Job Duties:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please use this space for additional information pertinent to your education and experience.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## **Authorization to Release Information/Conditions of Employment**

I have made application for employment with the City of Hogansville. I authorize any persons or organizations to give the City 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 subjects covered by this application, and I release all such parties from all liability for any damage whatsoever for issuing same.

Furthermore, if I am employed by the City of Hogansville, I agree to conform to the policies, rules, orders and regulations of the City of Hogansville, and acknowledge that these policies, rules and regulations may be changed, interpreted, withdrawn or added to by the City at any time at the sole discretion of the City.

I further acknowledge that if I become employed by the City of Hogansville, my employment will be at-will and may be terminated with or without cause at any time by me or by the City until such time as my probationary period expires and I become a regular status employee.

If required by the City of Hogansville for the position which I am applying, I consent to undergo a physical examination and/or psychological examination after I have received a conditional offer of employment, as deemed necessary.

***THIS APPLICATION WILL REMAIN ACTIVE FOR 90 DAYS ONLY UNLESS  
RENEWED PERSONALLY BY ME IN WRITING.***

Before an applicant can be employed by the City of Hogansville you must successfully pass a drug test. Should you become an employee of the City of Hogansville your position may require random drug testing.

May we contact your present employer? Y ☐ N ☐ Not presently employed ☐

You must sign this "Authorization to Release Information" to enable us to contact previous employers, even though we may not contact your present employer.

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



## Alcohol and Controlled Substance Testing

As a condition of employment with the City of Hogansville, you will be required to submit to an alcohol and controlled substance test. Employees must, as a condition of employment, abide by our policies regarding the effects of drug use and the unlawful possession of controlled substances. Employees are expected to report for work without the effects of illegal drugs and alcohol in their bodily systems. Employees must report any conviction under a criminal drug statute for such violations. A report of a 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 Hogansville, you must successfully pass the aforementioned testing.

By signing this form I acknowledge the above and consent to such an examination and test.

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

.....



## Applicant's Certification and Agreement

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I am aware that the falsification of this application or the omission of information will result in disqualification, or upon discovery, termination of employment. The City of Hogansville is hereby authorized to make any investigation of my prior educational and work history. Finally, I agree that all records generated for the purposes of employment are property of and shall remain the sole and exclusive property of the City of Hogansville.

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

Resumes, letters of reference, etc. submitted with the application become the property of the City of Hogansville and will not be returned. The information on this application is subject to public disclosure under the Georgia Open Records Act.

**ALL APPLICATIONS MUST CONTAIN ORIGINAL SIGNATURES**



## THE CITY OF HOGANSVILLE, GEORGIA RELEASE OF CRIMINAL HISTORY CONSENT FORM

The intent of this authorization is to give my ongoing consent for full and complete disclosure of my criminal history.

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

\_\_\_\_\_  
Social Security Number Height Weight Eye Color Hair Color

\_\_\_\_\_  
Date of Birth Race Sex

\_\_\_\_\_  
Street Address City State Zip

Authorize: The City of Hogansville, Georgia  
Att'n: City Clerk  
400 East Main Street  
Hogansville, GA 30230  
(706) 637-8629

To receive my criminal history record, from the City of Hogansville Police Department NCIC/GCIC database search. I understand this request will be used for employment purposes.

\_\_\_\_\_  
Signature

\*

\_\_\_\_\_  
Signature of Parent/Guardian

\*Parental/Guardian consent is required for applicants under age 18

**Notice:** Unless all blanks are completed on this form and the form is notarized, no information will be released.

Sworn to and Subscribed Before Me

This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires





**THE CITY OF HOGANSVILLE, GEORGIA  
AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD**

**(COMPLETE ONLY IF A VALID DRIVER'S LICENSE IS REQUIRED FOR THE POSITION  
FOR WHICH YOU ARE APPLYING)**

I understand that driving a City of Hogansville vehicle, or my own vehicle, as required, is a requirement of the position for which I am being considered and that having and maintaining a satisfactory driving record is a condition of my employment. I hereby authorize the City of Hogansville, to obtain any information in my files pertaining to my driving record for the time period indicated below.

This release is executed with full knowledge and understanding that the information is for official use of the City of Hogansville for purposes of employment or underwriting of insurance and will not be used for any other purpose.

Consent is granted for the City of Hogansville to furnish such information as described above to third parties in the course of fulfilling its official responsibilities.

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      M ☐ F ☐

\_\_\_\_\_  
Date of Birth                      Driver's License Number                      State Where Issued                      Expiration Date

Request: Three Year ☐ Seven Year ☐

Sworn to and Subscribed Before Me

This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires