

Application For Employment

We are an Equal Opportunity Employer and committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

DATE : _____

Personal Information

Name

Address	City	State	Zip
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Phone number	Email address
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Are you legally eligible to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>
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If selected for employment are you willing to submit to a background check?
Yes No

Position

Position you are applying for	Available start date	Desired pay
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Employment desired

Full time Part time Seasonal/Temporary

Education

School name	Location	Years attended	Degree received	Major

References (business and professional only)

Name	Title	Company	Phone

Employment History

Employer (1)	Job title	Dates employed	
Work phone	Starting pay rate	Ending pay rate	
Address	City	State	Zip
Employer (2)	Job title	Dates employed	
Work phone	Starting pay rate	Ending pay rate	
Address	City	State	Zip
Employer (3)	Job title	Dates employed	
Work phone	Starting pay rate	Ending pay rate	
Address	City	State	Zip
Employer (4)	Job Title	Dates employed	
Work phone	Starting pay rate	Ending pay rate	
Address	City	State	Zip
Employer (5)	Job title	Dates employed	
Work phone	Starting pay rate	Ending pay rate	
Address	City	State	Zip

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.

Name (please print)	Signature
Date	

CRIMINAL BACKGROUND CONSENT FORM

I hereby authorize the Coolidge City Council and Mayor to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Sex Race DOB

Address

Social Security Number

City State Zip Code

This authorization is valid for 90 days from date of signature.

Signature

Date

NOTARY PUBLIC

Date

*****FOR COOLIDGE POLICE DEPARTMENT ONLY*****

ARN: _____

Purpose Code: _____

Date: _____

Operator name: _____

Paid _____ Charge: _____

Record: Yes No

GA SID# _____