

APPLICATION FOR EMPLOYMENT

NORTHWEST GEORGIA REGIONAL COMMISSION
P. O. BOX 1798, ROME, GEORGIA 30162-1798
(706) 295-6485 Telephone - (706) 295-6665 Fax

TITLE OF POSITION APPLIED FOR: _____

NAME: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____

WORK/MESSAGE PH: _____

SOCIAL SECURITY #: _____

DRIVER'S LICENSE NO. _____

STATE: _____

Are you a United States Citizen? YES NO

Are you authorized to work in the U. S. ? YES NO

Have you ever been discharged or requested or forced to resign from any position? NO YES

If yes, please explain: _____

OTHER THAN MINOR TRAFFIC VIOLATIONS HAVE YOU EVER BEEN CONVICTED OF A CRIME (INCLUDE DUI/DWI)? IF YES, EXPLAIN. _____

Were you honorably discharged following more than 180 days active U.S. Military Service? If "YES", ATTACH PROOF IN ORDER TO RECEIVE VETERAN CREDIT.

BRANCH OF SERVICE: _____

DATES OF ACTIVE SERVICE: _____

Do you have physical limitation that would prevent you from

performing the essential duties and responsibilities of this position? NO YES

Languages spoken fluently other than English: _____

If you have lived at the above address less than 12 months, list previous address: _____

If employed and you are under 18, can you furnish a work permit?

Yes No

Do you have adequate means of transportation to get to work on time each day and when called in on short notice?

Yes No

Date available to begin work: _____

Type of work preferred: Full Time Part-Time
 Temporary Summer Other
(Describe) _____

Would you accept part-time work? Yes No

Would you accept temporary work? Yes No

Will you work overtime whenever scheduled or requested?

Yes NO

Can you work weekends whenever scheduled or requested?

Yes No

If position involves office/paper work:

Keyboarding speed: Approximate WPM _____

Office machines you can operate: _____

Computer Programs with which you have a working knowledge: _____

ARE YOU A HIGH SCHOOL GRADUATE OR GENERAL EDUCATION DEVELOPMENT EQUIVALENT? ____ YES ____ NO

If no, circle highest grade completed? 1 2 3 4 5 6 7 8 9 10 11 12

POST SECONDARY SCHOOL TRAINING, (Trade School, Military, College, University, etc.).

| NAME AND LOCATION | DATES ATTENDED | CREDITS EARNED | | | GRAD- UATED YES/NO? | D E G R E E | Y E A R | MAJOR OR SUBJECTS TAKEN |
|-------------------|----------------|------------------|-------------------|-------|---------------------------|----------------------------|------------------|-------------------------------|
| | | Quarter Hours | Semester Hours | Other | | | | |
| | | | | | | | | |
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EMPLOYMENT HISTORY. BEGINNING WITH YOUR MOST RECENT POSITION, PLEASE COMPLETE THE FOLLOWING:

A. Job Title: _____ Employer: _____

Phone Number: _____ Name of Immediate Supervisor: _____

| PRINCIPAL DUTIES AND RESPONSIBILITIES | PRINCIPAL DUTIES AND RESPONSIBILITIES |
|---------------------------------------|---------------------------------------|
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| | |

Title of Individual (or group) to whom you reported: _____

Title of Individuals who reported directly to you: _____

Dates of employment (mo/yr): From _____ to _____

Beginning salary: \$ _____ Ending/Present Salary: \$ _____

Reason for Leaving/Wanting to Leave: _____

B. Job Title: _____ Employer: _____

Phone Number: _____ Name of Immediate Supervisor: _____

| PRINCIPAL DUTIES AND RESPONSIBILITIES | PRINCIPAL DUTIES AND RESPONSIBILITIES |
|---------------------------------------|---------------------------------------|
| | |
| | |
| | |

Title of Individual (or group) to whom you reported: _____

Title of Individuals who reported directly to you: _____

Dates of employment (mo/yr): From _____ to _____

Beginning salary: \$ _____ Ending Salary: \$ _____

Reason for leaving: _____

C. Job Title: _____ Employer: _____

Phone Number: _____ Name of Immediate Supervisor: _____

| PRINCIPAL DUTIES AND RESPONSIBILITIES | PRINCIPAL DUTIES AND RESPONSIBILITIES |
|---------------------------------------|---------------------------------------|
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| | |

Title of Individual (or group) to whom you reported: _____

Title of Individuals who reported directly to you: _____

Dates of employment (mo/yr): From _____ to _____

Beginning salary: \$ _____ Ending Salary: \$ _____

Reason for leaving: _____

D. Job Title: _____ Employer: _____

Phone Number: _____ Name of Immediate Supervisor: _____

| PRINCIPAL DUTIES AND RESPONSIBILITIES | PRINCIPAL DUTIES AND RESPONSIBILITIES |
|---------------------------------------|---------------------------------------|
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| | |
| | |

Title of Individual (or group) to whom you reported: _____

Title of Individuals who reported directly to you: _____

Dates of employment (mo/yr): From _____ to _____

If you are presently employed, may we contact employer? [] Yes [] No

REFERENCES

Please list the name, current phone number, and relationship of references in each of the following categories. For example, Joe Smith, (206) 333-1234, Police Sergeant of City X.

| TYPE OF REFERENCE | NAME | PHONE NUMBER | RELATIONSHIP |
|--|------|--------------|--------------|
| Supervisor | | | |
| Supervisor | | | |
| Supervisor | | | |
| Subordinate (if applying for supervisory position) | | | |
| Subordinate (if applying for supervisory position) | | | |
| Co-worker/peer | | | |
| Co-worker/peer | | | |
| Co-worker/peer | | | |
| Personal | | | |
| Personal | | | |

PLEASE READ VERY CAREFULLY

In making this application for employment I authorize you to communicate with persons listed as references, former employers, and any others with whom you desire to check. I agree to hold such persons harmless with respect to any information they may give about me.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on the Northwest Georgia Regional Commission. I understand this decision is to rest with the Northwest Georgia Regional Commission.

If employed, I agree to hold in strictest confidence any information concerning the Northwest Georgia Regional Commission, its insured, and its affiliates which may come to my knowledge.

In consideration of my employment, if I am employed, I agree to conform to the employment policies of the Northwest Georgia Regional Commission, and I understand that my employment and compensation can be terminated, with or without notice, at any time, at the option of either the Northwest Georgia Regional Commission or myself. I understand that no representative of the Northwest Georgia Regional Commission, other than the Executive Director, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that completion of this Application For Employment does not guarantee that I have been employed by the Northwest Georgia Regional Commission.

I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably.

I understand that any misrepresentation, deception, or false statement made in this Employment Application may result in my not being considered for employment, and if not discovered by the Northwest Georgia Regional Commission until after my becoming employed, is grounds for, and may result in, my immediate termination.

SIGNED _____ **DATE** _____

VOLUNTARY EQUAL OPPORTUNITY INFORMATION

The Northwest Georgia Regional Commission is an equal opportunity employer. The following information is for statistical purposes only, and is voluntary on your part. **This information will be kept separate from your application.** We appreciate, but do not require, the following information.

Position Applied For: _____ Date: _____

Name: _____ Social Security Number: _____

Sex: Male Female Age Group: Under 40 40 or Over

Check any disabilities you have in the following areas which substantially limit any of your major life functions such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking, or learning.

Sensory Disorder Physical Mental

Do you have a physical, mental or other health condition that has lasted six (6) or more months and which limits the kind or amount of work you can do in the job you have applied for?

Yes No

Ethnic Category (Check only one):

White (Not of Hispanic origin) - All persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or the Indian subcontinent.

Black (Not of Hispanic origin) - All persons having origins in any of the black racial groups.

Hispanic - All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander - All Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

Native American or Alaska Native: All persons having origins in any of the original peoples of North America.