CITY OF WEST POINT COMMUNICATIONS



EMPLOYMENT APPLICATION

730 1ST AVENUE

West Point, GA 31833 Main- 706-645-3522 Fax-706-645-8150

CITY OF West Point Communications

Job Application Questionnaire

| NAME: | | | |
|-------|------|-------|--------|
| | LAST | FIRST | MIDDLE |

Incomplete applications will not be accepted.

This employment application is not an offer of employment nor a contract for employment. The completion of this application does not stand as an agreement, or a promise to hire the applicant.

This employment application is the basis for the employment screening process and background investigation conducted by the West Point Communications on each applicant for a position of employment.

The answers that you provide for each question on this application must be <u>full</u> and <u>complete</u>. Any information that is erroneous in nature or not provided on this application, whether intentional or unintentional, may constitute the basis for your elimination from consideration for the employment for which you now seek. Please be sure that you carefully consider each and every question asked of you by this application and that you provide honest and complete information. Any answer which requires more space than is provided may be answered on the reverse side of the page, with the question number indicated beside the information.

I understand that if I do not wish to answer a question in this booklet, I may choose not to do so and my application may be terminated.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT.

| DATE: | |
|-------|--|

| Last Name | First | MI | Email: | |
|------------------------------|------------------------|----------------------|-------------------------|-------------------------|
| | | | | |
| Street address | | | Position Applying For: | Social Security Number: |
| | | | | |
| City | State | Zip | Home Phone Number: | Cell Phone Number: |
| | | | | |
| Are you currently or have yo | ou been a Georgia cer | tified communication | ns officer? Yes No |) |
| | | | | |
| Have you ever been under a | P.O.S.T. investigation | n? Yes No | If yes, please explain: | |
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| How did you hear of this pos | sition? | | | |

Please read carefully and complete by printing in ink or typing.

An Equal Opportunity Employer

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, color, religion, national origin, sex, age, disability, marital status, military obligation, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

Employment Record

Starting with present or most recent, list all previous employers for the past TEN (10) years. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet.

| Street address Phone number City State Zip code Supervisor's name Phone number Dates worked Rate of pay May we contact your present employer? YES NO | Last or present company | | Type of business | Job Title |
|---|-------------------------|--------------------|------------------|--|
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Educational History School name Graduated Location Major course Degree (city, state) or subject Yes High school Technical/trade (after high school) College (list all attended) **GED** Certificate Outside Activities Professional memberships, certificates, or licenses held: Past and present civic or cultural activities — include offices held (You are not required to disclose any religious affiliation.) Principal hobbies: Special Skills Office and Administration Skills Emergency Skills Words per minute: First Aid / Rescue / Communications / etc. Years experience: Typing: Are you bilingual? If so, what language(s)? Other:

| City of West Po | oint Cor | nmunications | | | | | |
|---|---|-----------------------------------|-------------------------------------|-------------|----------------|----------|---|
| Military Record | | | | | | | |
| | Rank | Service Number | | | F | From To | |
| Type of Discharge: | | | MOS? | | | | |
| Kinds of training and duty | y while in serv | vice: | | | | | |
| Driving Histor Do you have a current Driving Does It contain any restrict Have You Ever Had a Licensity No | rer's License? rions? se In Any State | YES YES OTHER THAN GEORGIA? | No No | | | | |
| LIST ANY AND ALL PREVIO | US LICENSES | | | | | | |
| List any and all previous licenses License Number (If Known) State of Issue | | | | | | | |
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| HAVE YOU EVER HAD A LIC | CENSE SUSPENI | DED, REVOKED OR REFUSED? | | | | | |
| | ES EXPLAIN | | | | | | |
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| | | | | | | | |
| List all Traffic Citation | ns within the | e past ten (10) years. | | | | | |
| Driver's License Nu | | State | Traffic Violations (except Parking) | Appro Da | oximate tes | Comments | |
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disqualification from employment. HAVE YOU EVER BEEN DETAINED OR CONVICTED FOR ANY CRIMINAL OFFENSE? (INCLUDE JUVENILE OFFENSES): Yes___No___ HAVE YOU EVEN BEEN REQUIRED TO SERVE COMMUNITY SERVICE (INCLUDE JUVENILE OFFENSES)? Yes____No____ IF YES, PLEASE EXPLAIN: IF YES PROVIDE THE FOLLOWING INFORMATION: DATE CHARGE **AGENCY** CIRCUMSTANCES HAS ANY MEMBER OF YOUR FAMILY EVER BEEN ARRESTED FOR OR CONVICTED OF A FELONY CRIME? YES____No___ IF YES, PLEASE EXPLAIN:

Criminal Activities- Answering any of the following criminal-history questions in the affirmative, will not automatically result in

References

List five (5) persons not related to you by blood or marriage and not former employers, who have known you for at least five (5) years. All persons you name may be asked to appraise your character, ability, experience, personality and other qualities.

| Relationship | Address (street, city, state, ZIP code) | Phone no. | Years Known |
|--------------|--|--|---|
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| | Relationship | Relationship Address (street, city, state, ZIP code) | Relationship Address (street, city, state, ZIP code) Phone no. |

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| 1100 | uaiii | ıuıı | |

List five (5) persons not related to you by blood or marriage and not former employers and not listed above, who have known you for at least one

(1) year. All persons you name may be asked to appraise your character, ability, experience, personality and other qualities.

| Relationship | Address | Phone no. | Years Known |
|--------------|---------------------------------|--|---|
| | (street, etty, state, Zii code) | | Kilowii |
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| | Relationship | Relationship Address (street, city, state, ZIP code) | Relationship Address (street, city, state, ZIP code) Phone no. |

| I hereby certify that the answers and other information on this application are true and correct and that I understand any |
|--|
| misrepresentation or omission of facts on my part will be justification for rejection of my application or, if discovered after |
| employment commences, grounds for termination. I understand that my acceptance may be contingent upon verification of birth, and |
| any other pertinent information bearing upon my acceptance. I further understand that I will be on a twelve month probation |
| period and must complete the training requirements of the Department. Sign and date. |
| |
