



WIREGRASS E911 COMMUNICATIONS CENTER  
Employment Application

|  |  |    |                              |  |  |                |  |                  |  |  |  |
|--|--|----|------------------------------|--|--|----------------|--|------------------|--|--|--|
| APPLICANT INFORMATION                              |  |    |                              |  |  |                |  |                  |  |  |  |
| Last Name  |  |    | First                        |  |  | M.I.           |  | Date             |  |  |  |
| Street Address                                     |  |    |                              |  |  |                |  | Apartment/Unit # |  |  |  |
| City   |  |    | State                        |  |  | ZIP            |  |                  |  |  |  |
| Phone  |  |    | E-mail Address               |  |  |                |  |                  |  |  |  |
| Date Available                                     |  |    | Social Security No.          |  |  | Desired Salary |  |                  |  |  |  |
| Position Applied for                               |  |    |                              |  |  |                |  |                  |  |  |  |
| Are you a citizen of the United States?            |  |    | YES <input type="checkbox"/> |  | NO <input type="checkbox"/>                              |                | If no, are you authorized to work in the U.S.? |                  |  | YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| Have you ever worked for this company?             |  |    | YES <input type="checkbox"/> |  | NO <input type="checkbox"/>                              |                | If so, when?                                   |                  |  |  |  |
| Have you ever been convicted of a felony?          |  |    | YES <input type="checkbox"/> |  | NO <input type="checkbox"/>                              |                | If yes, explain                                |                  |  |  |  |
| EDUCATION  |  |    |                              |  |  |                |  |                  |  |  |  |
| High School  |  |    | Address                      |  |  |                |  |                  |  |  |  |
| From   |  | To | Did you graduate?            |  | YES <input type="checkbox"/> NO <input type="checkbox"/> |                | Degree   |                  |  |  |  |
| College  |  |    | Address                      |  |  |                |  |                  |  |  |  |
| From   |  | To | Did you graduate?            |  | YES <input type="checkbox"/> NO <input type="checkbox"/> |                | Degree   |                  |  |  |  |
| Other  |  |    | Address                      |  |  |                |  |                  |  |  |  |
| From   |  | To | Did you graduate?            |  | YES <input type="checkbox"/> NO <input type="checkbox"/> |                | Degree   |                  |  |  |  |
| REFERENCES   |  |    |                              |  |  |                |  |                  |  |  |  |
| Do not include family members or past supervisors. |  |    |                              |  |  |                |  |                  |  |  |  |
| Full Name  |  |    | Relationship                 |  |  |                |  |                  |  |  |  |
| Occupation   |  |    | Phone                        |  |  |                |  |                  |  |  |  |
| Address or City, State                             |  |    |                              |  |  |                |  |                  |  |  |  |
| Full Name  |  |    | Relationship                 |  |  |                |  |                  |  |  |  |
| Occupation   |  |    | Phone                        |  |  |                |  |                  |  |  |  |
| Address or City, State                             |  |    |                              |  |  |                |  |                  |  |  |  |
| Full Name  |  |    | Relationship                 |  |  |                |  |                  |  |  |  |
| Occupation   |  |    | Phone                        |  |  |                |  |                  |  |  |  |
| Address or City, State                             |  |    |                              |  |  |                |  |                  |  |  |  |

| PREVIOUS EMPLOYMENT  |                 |                    |                  |
|--|-----------------|--------------------|------------------|
| Company  |                 | Phone              |                  |
| Address  |                 | Supervisor         |                  |
| Job Title  | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities   |                 |                    |                  |
| From   | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company  |                 | Phone              |                  |
| Address  |                 | Supervisor         |                  |
| Job Title  | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities   |                 |                    |                  |
| From   | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company  |                 | Phone              |                  |
| Address  |                 | Supervisor         |                  |
| Job Title  | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities   |                 |                    |                  |
| From   | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |

| MILITARY SERVICE                 |                   |
|----------------------------------|-------------------|
| Branch                           | From      To      |
| Rank at Discharge                | Type of Discharge |
| If other than honorable, explain |                   |

| DISCLAIMER AND SIGNATURE  |      |
|---|------|
| I certify that answers given herein are true and complete.  |      |
| I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.   |      |
| This application for employment shall be considered active for a period of 1 year. Any applicant wishing to be considered for employment beyond this time period will be required to resubmit a complete application.   |      |
| I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. |      |
| In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the Employer.   |      |
| Signature   | Date |

**Georgia Bureau of Investigation  
Georgia Crime Information Center**

**Consent Form**

I hereby give my consent for the \_\_\_\_\_  
(criminal justice agency)

to receive any Georgia or III criminal history record information pertaining to me, as authorized under state and federal law for individuals seeking employment with a criminal justice agency.

\_\_\_\_\_  
Full Name (print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Special employment provisions (check if applicable):

- ☐ Employment with criminal justice agency – civilian (Purpose code ‘J’)
- ☐ Employment with criminal justice agency – P.O.S.T. certified (Purpose code ‘Z’)

**One of the following must be checked:**

- ☐ This authorization is valid for 90/180/\_\_\_\_ (circle one) days from date of signature.
- ☐ I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this agency.