



INSTRUCTIONS FOR COMPLETING AN APPLICATION PACKET FOR EMPLOYMENT WITH THE CITY OF CORNELIA

1. Fill out and return the entire application packet including names of supervisors, telephone numbers, addresses, duties, etc. A notation of “See Résumé” or “See Attached” is not acceptable and will not be used for evaluation purposes.
2. You must apply for an exact job title (only one job title per application packet, i.e. Police Officer, Equipment Operator, Laborer, etc.). A job description for the job title for which you are applying is available for your review.
3. You may be asked to provide documentation for employment eligibility and for all minimum job requirements such as a driver’s license, high school diploma, P.O.S.T. certification, etc. **All applicants of the City of Cornelia must successfully pass pre-employment drug testing and a background investigation which may include the information listed on the application, driving history and, criminal history for all applicable jobs.** Applications are not rejected because of minor omissions or deficiencies that can be corrected prior to the interviewing or testing process.
4. Application packets will not be reviewed before the closing date for each job advertisement. Any application packet received after the closing date will not be considered for that advertised vacancy. If selected, you will be notified by phone or email for a scheduled personal interview.
5. Applications will remain active for a period of 3 months (Non-Public Safety applicants) and 12 months (Public Safety applicants). It will, however, be kept on file for 3 years per the City of Cornelia’s retention schedule. You must complete a new application packet once the application has become inactive. We do not update or renew inactive application packets. We will not notify you of the inactive status of your application packet.
6. We will not accept résumés in lieu of the application packet; however, you may submit a copy of your résumé along with the application. An incomplete application packet or misleading information will immediately disqualify you from consideration during our selection process.
7. Any person convicted for the first time of any criminal offense involving the manufacture, distribution, sale or possession of a controlled substance, marijuana or a dangerous drug shall be ineligible for employment for a period of 3 months from the date of conviction. Any person convicted two or more times shall be ineligible for employment for a period of 5 years from the date of the most recent conviction.
8. An offer of employment for any position is contingent upon the successful completion of a satisfactory background investigation, a pre-employment drug screen and/or medical examination.
9. Applications and background booklets can be submitted by **Email:** lcannon@cornelia.city, **Mail:** City of Cornelia, P.O. Box 785 Cornelia, GA 30531 or **Hand Delivered:** to Cornelia City Hall 181 Larkin St., Cornelia, GA 30531.



CITY OF CORNELIA EMPLOYMENT APPLICATION

Human Resources Department
181 Larkin St
Cornelia, GA 30531
www.cornelia.city

PLEASE READ THE FOLLOWING BEFORE COMPLETING APPLICATION

SECTIONS MARKED WITH AN * ARE REQUIRED TO BE FILLED OUT BY APPLICANT

A résumé may accompany the application; however, consideration for a position is based on the information submitted on this form, along with any supplementary materials specified on the job announcement. All materials must be received no later than the closing date specified. Documentation submitted becomes the property of the City of Cornelia and will not be returned. Unsolicited résumés, or materials requesting general consideration for any position, will not be considered or retained. We currently accept applications via, Email: lcannon@cornelia.city, Mail: City of Cornelia, PO Box 785 Cornelia, GA 30531, or hand delivered to Cornelia City Hall.

*Exact Title of Position Applied For:	*Date of Application:

Personal Information

*Last Name:	*First Name:	MI	Home Phone Number:	Cell Phone Number:
*Street Address:		*City:	*State:	*Zip:
Have you been employed with us before? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If Yes, indicate in which department:</i>		Did you leave in good standings? Yes <input type="checkbox"/> No <input type="checkbox"/>		May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever served in the United States Military? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If Yes, in which Branch:</i>		Are you eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		Email Address:
Type of employment desired: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary <input type="checkbox"/>		Date available to work:		*How did you hear about this position?

Education

	High School	Undergraduate College/University	Graduate/Professional
*School Name:			
*School Address: City, State, Zip			
Diploma/Degree Received:	Diploma <input type="checkbox"/> GED <input type="checkbox"/> *Year:	Degree <input type="checkbox"/> Year:	Degree <input type="checkbox"/> Year:
Degree Type:		Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/>	Master's <input type="checkbox"/> Doctorate <input type="checkbox"/>
Major Course of Study:			
Describe any specialized training, apprenticeship, skills, and extra-curricular activities			
Describe any honors you have received			

List professional, trade, business, or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.

***Personal References**

List only personal references that are not related to you and are not a previous employer.

*Full Name:	*Phone number:	*Years Acquainted:

Employment History

Start with your present or most recent employer. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Present or Most Recent Employer:				Job Title:		Supervisor role: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Street Address		City	State	Zip	Supervisor's Name and Title:		
From: (Month/Year)	To: (Month/Year)	Final Salary:		No. of Persons Supervised:		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/>	
Reason for leaving:				May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
				Phone number:			
Duties:							
Past Employer:				Job Title:		Supervisor role: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Street Address		City	State	Zip	Supervisor's Name and Title:		
From: (Month/Year)	To: (Month/Year)	Final Salary:		No. of Persons Supervised:		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/>	
Reason for leaving:				May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
				Phone number:			
Duties:							
Past Employer:				Job Title:		Supervisor role: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Street Address		City	State	Zip	Supervisor's Name and Title:		
From: (Month/Year)	To: (Month/Year)	Final Salary:		No. of Persons Supervised:		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/>	
Reason for leaving:				May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
				Phone number:			
Duties:							

Employment History Continued

Past Employer:				Job Title:	Supervisor role: Yes <input type="checkbox"/> No <input type="checkbox"/>
Street Address	City	State	Zip	Supervisor's Name and Title:	
From: (Month/Year)	To: (Month/Year)	Final Salary:	No. of Persons Supervised:	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
Reason for leaving:			May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
			Phone number:		

Duties:

If you need additional space, please use additional information space on the back of the application.

General Information

Driver's License? Yes No *State: _____ Speak in a language other than English: Yes No If yes, what language? _____

CDL? Yes No Class: _____ Write in a language other than English: Yes No If yes, what language? _____

Summarize special job-related skills and qualifications acquired from employment or other experience.

Computer Software Applications:

Microsoft:
Word Excel Powerpoint Publisher Outlook

Other programs:

Machinery and Equipment Skills:

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.
I understand that as a prospective employee, I must verify identity and employment eligibility prior to employment.
I authorize investigation of all statements contained in this application for employment as may be necessary for arriving at an employment decision.
This application for employment shall be considered active for a period of time not to exceed 60 days. If I wish to be considered for employment beyond this period, I should inquire as to whether or not applications are being accepted at that time.
I understand that a medical examination and/or drug screen may be required for the job which I have applied, and I agree to submit to such medical examination and/or drug screen. I understand that any offer of employment is conditional upon the results of the medical examination and/or drug screen.
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the City of Cornelia, Georgia.

*Checking this box certifies that all information included in this application is accurate and complete to the best of my knowledge. Furthermore, typing your name on the line below qualifies as your signature of authorization.

*Signature

Date

Additional Information:

The City of Cornelia, Georgia is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, marital status, veteran status, or disability in compliance with the Americans with Disabilities Act. The City of Cornelia is a certified Drug-Free Workplace.

EMAIL APPLICATION TO: LCANNON@CORNELIA.CITY

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ to conduct an inquiry for
Agency/Company
 the purpose listed below and receive any Georgia and/or national criminal history record information
 as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

- This authorization is valid for _____ days from date of signature.
- I, _____, give consent to the above-named
 entity to perform periodic criminal history background checks for the duration of my employment.

 Signature Date

 Attorney for Individual (Pur E and U Only) Bar Number Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title

CITY OF CORNELIA

Public Safety

Application Background Booklet



CORNELIA.

georgia



Instructions

(Read carefully before proceeding)

These instructions are provided as a guide to assist you in properly completing your Background Booklet. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Make sure your booklet is **legibly printed in ink or typed**.
2. Answer all questions to the best of your ability. If a question is not applicable to you, enter **N/A** in the space provided.
3. **Read all section directions carefully** before making any entries on the form. Be sure your information is correct and in the proper sequence.
4. **You are responsible** for obtaining accurate contact information (addresses and/or phone numbers). If you are not sure of an address or phone number, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
5. An accurate, thorough, and complete form will help expedite your investigation. **Deliberate omissions or falsifications will result in disqualification.**
6. If there is insufficient space on the form for you to include all information required, attach extra sheets to the booklet. Reference the relevant section and question number before continuing your answer.
7. As you complete the questionnaire, if you are uncertain about how to answer a particular question, answer the question to the best of your ability and attach a statement regarding the question(s) and the problems you may have had in answering the question(s).
8. **Take the necessary time to be accurate and truthful.** Do not be afraid to answer questions that may involve criminal sanctions, such as smoking marijuana, as no criminal charge can be filed from this questionnaire. In addition, your answers to this questionnaire will not necessarily disqualify you from the position you seek.
9. The **confidentiality of background information** is strict and can be shared with only the top administrators of the public safety agency you are applying to Cornelia Police Department or Cornelia Fire Department.
10. If you have any questions regarding the questionnaire or the background investigation, please contact the Human Resources Department at (706) 778 - 8585.
11. Complete background investigations are kept in a locked cabinet and/or secure facility to ensure confidentiality.
12. **Applications and background booklets** can be submitted by **Email:** lcannon@cornelia.city, **Mail:** City of Cornelia, P.O. Box 785 Cornelia, GA 30531 or **Hand Delivered:** to Cornelia City Hall 181 Larkin St. Cornelia, GA 30531



City of Cornelia
Public Safety
Authorization to Release Information

Applicant Name: _____
first middle last

Applicant Date of Birth: _____ Applicant Identifier: _____
(month/day/year) (Social Security Number)

I, _____, hereby authorize the review and full disclosure of all records and information concerning myself, including any partial records, whether said records are public, private, or confidential in nature. This authorization is explicitly granted to any duly authorized agent of the Cornelia Police Department, and/or the Cornelia Fire Department including authorized contract agents working for these agencies.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, performance evaluations, complaints or grievances filed by or against me, and salary records; records of complaint, arrest, trial, and/or convictions for alleged or actual violations of law, including criminal, civil, and/or traffic records; and/or records of complaints of a civil nature made by or against me, wherever located.

Additionally, I also authorize and consent to a complete and full disclosure of Internal Affairs records (or other internal disciplinary records regardless of their title) including, but not limited to, Internal Affairs complaints, investigations, findings, records of disciplinary action, and disciplinary hearings. I hereby authorize the full and complete disclosure of these records whether they are unsealed, sealed, purged, or otherwise confidential due to previous agreements between me and the entity holding the records.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the Cornelia Police Department and/or Cornelia Fire Department to consider in determining my suitability for employment by that agency. It is my specific intent to provide access to personal information, including all personnel files and documents and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment. I understand that all materials and documents pertaining to this background investigation become the property of The City of Cornelia and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event of my application is disapproved; the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original, hereof, even though the photocopy does not contain an original writing of my signature.

Applicant Signature _____ Date: _____

Must be signed in the presence of a Notary:

Subscribed and sworn before me this
_____ day of _____ 20____
My commission expires _____ 20____
Notary: _____

**City of Cornelia
Public Safety
Personal History Statement**

Part I – Applicant Identification

1. Full Name	_____	_____	_____
	First	Middle	Last

2. Other Names Used <small>(E.g. maiden name, married name (s), changes for adoption or other legal name change, any pseudonym, alias, etc.)</small>	a) _____ b) _____ c) _____ d) _____	Dates when these names were used: (e.g. From 1989 to 1994; from 1997 to present)
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3. Nicknames Used <small>(e.g. Robert, Rob, Bob, Bobby, Bubba, Slick, etc.)</small>	a) _____ b) _____ c) _____	d) _____ e) _____ f) _____
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4. Height _____	6. Eye Color _____
5. Weight _____	7. Hair Color _____

8. Describe any Scars, Marks & Tattoos:	:	Location on Body
a) _____		_____
b) _____		_____
c) _____		_____

9. Date of Birth _____	12. City of Birth _____
Month/Day/Year	13. State of Birth _____
10. Social Security # _____	14. County of Birth _____
11. State SSN Issued _____	

15. Are you a Citizen of the United States? Yes No
16. Are You: Natural Born (Provide a copy of your Birth Certificate)
- Naturalized (Provide original Naturalization Papers Resident)
- Alien (Provide Alien Registration Card)

Part II – Contact Information (Phone and Email)

1. List the phone numbers where you can be reached.

a) Home Phone _____

b) Cell Phone _____

c) Work Phone* _____

*Is it okay to contact you at this number?
 Yes No

d) Email _____

2. In Case of Emergency?

Name	Phone Number	Address	Relationship
a)			
b)			

Part III – Residences.

Beginning with your current address, list all addresses where you have lived during the past 10 years and the dates you lived there (e.g. Aug 2003-Jan 2005). Attach extra pages if necessary.

1. **Current Address**

From: _____ Street (Apt #) _____ City _____ State _____ Zip _____

To: _____

Prior Address(es)

2. From: _____

To: _____ Street (Apt #) _____ City _____ State _____ Zip _____

3. From:				
To:	<u>Street (Apt #)</u>	City	State	Zip
4. From:				
To:	<u>Street (Apt #)</u>	City	State	Zip
5. From:				
To:	<u>Street (Apt #)</u>	City	State	Zip
6. From:				
To:	<u>Street (Apt #)</u>	City	State	Zip
7. From:				
To:	<u>Street (Apt #)</u>	City	State	Zip
8. From:				
To:	<u>Street (Apt #)</u>	City	State	Zip

Part IV – Educational History

<p>1. Did you receive: a) High School Diploma</p> <p>a) High School(s) Attended _____</p> <p>b) Dates Attended _____</p>	<p style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p style="text-align: right;"> b) GED Certification </p> <p style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p style="text-align: right;"> c) City/State _____ </p> <p style="text-align: right;"> d) Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
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University/College: <i>List all colleges and/or universities you attended.</i>			
<p>2. University or College attended _____</p> <p>City/State: _____</p> <p>Degree received: (e.g. AA, BS, MBA) _____</p> <p>Units completed: _____</p> <p>Major/Minor: _____</p> <p>Dates Attended: _____</p>	<p>3. University or College attended _____</p> <p>City/State: _____</p> <p>Degree received: (e.g. AA, BS, MBA) _____</p> <p>Units completed: _____</p> <p>Major/Minor: _____</p> <p>Dates Attended: _____</p>		

University/College: <i>List all colleges and/or universities you attended.</i>			
<p>4. University or College attended _____</p> <p>City/State: _____</p> <p>Degree received: (e.g. AA, BS, MBA) _____</p> <p>Units completed: _____</p> <p>Major/Minor: _____</p> <p>Dates Attended: _____</p>	<p>5. University or College attended _____</p> <p>City/State: _____</p> <p>Degree received: (e.g. AA, BS, MBA) _____</p> <p>Units completed: _____</p> <p>Major/Minor: _____</p> <p>Dates Attended: _____</p>		

Other Schools: <i>List other schools attended (trade, vocational, business, etc.) including any pertinent information...</i>			
<p>5. Name of School _____</p> <p>City/State: _____</p> <p>Certificates: _____</p> <p>Licenses: _____</p> <p>Course of Study: _____</p> <p>Dates Attended: _____</p>	<p>6. Name of School _____</p> <p>City/State: _____</p> <p>Certificates: _____</p> <p>Licenses: _____</p> <p>Course of Study: _____</p> <p>Dates Attended: _____</p>		

Special Qualifications & Skills

8. List any special licenses or permits you hold, such as pilot license, radio operator, scuba, etc., showing licensing authority, original date of issue and date of expiration:

9. List any special certifications you hold, such as CPR, First Aid, Radar/Laser showing certifying agency and state, original date of issue and date of expiration:

10. List any specialized machinery, equipment, or technology that you are qualified to operate:

11. Foreign Languages: *If you are fluent in a foreign language, indicate your degree of fluency (excellent, good, fair)*

Language	(Indicate fluency)	Speaking	Understanding	Reading	Writing
a)	_____	_____	_____	_____	_____
b)	_____	_____	_____	_____	_____
c)	_____	_____	_____	_____	_____

Part V – Military Service

1. Have you ever attempted to enlist in any branch of the United States Armed Forces? (Including Reserves, National Guard and/or Coast Guard) Yes No

2. Have you ever served in any branch of a Foreign Military? Yes No

3. Have you ever been involved in a subversive act against the United States Government, or any other government, such as mutiny, treason, sabotage, espionage, etc.? Yes No

4. Have you ever served in the any branch of the United States Armed Forces? Yes No

If "yes," please supply the following information:

Branch of Service: _____	Service ID Number: _____
Dates of Service: _____ (From)	(To) _____
Type of Discharge: _____	Military Job Description: _____
Highest Rank Held _____	Military Occupation Specialty (MOS) _____ <i>If Applicable</i>

Past commanding officers or military acquaintances can be sources of relevant information about your background. List the individuals from your military career who know you well enough to provide accurate information about you.

<p>5. Name _____</p> <p>Contact Phone: _____</p> <p>Address: _____</p> <p>City, State, Zip _____</p> <p>Years Known: _____ (e.g. 1987 to 1999)</p>	<p>6. Name _____</p> <p>Contact Phone: _____</p> <p>Address: _____</p> <p>City, State, Zip _____</p> <p>Years Known: _____ (e.g. 1987 to 1999)</p>
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7. Have you served in an **additional** branch of the United States Armed Forces? Yes No

If "yes," please supply the following information:

Branch of Service: _____	Service ID Number: _____
Dates of Service: _____ (From)	(To) _____
Type of Discharge: _____	Military Job Description: _____
Highest Rank Held _____	Military Occupation Specialty (MOS) _____ <i>If Applicable</i>

Past commanding officers or military acquaintances can be sources of relevant information about your background. List the individuals from your military career who know you well enough to provide accurate information about you.

<p>8. Name _____</p> <p>Contact Phone: _____</p> <p>Address: _____</p> <p>City, State, Zip _____</p> <p>Years Known: _____ (e.g. 1987 to 1999)</p>	<p>9. Name _____</p> <p>Contact Phone: _____</p> <p>Address: _____</p> <p>City, State, Zip _____</p> <p>Years Known: _____ (e.g. 1987 to 1999)</p>
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10.	If you left the military service under Entry Level Separation , please describe the circumstances in detail:

11.	Have you ever been the subject of a court-martial, tried on charges, or the subject of an Article 15, company punishment or ANY OTHER disciplinary action while a member of the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If "yes," please supply the following information and explain the offense(s) in detail on the back of the page.</i>				
	Type of Disciplinary Action	Branch of Service	Date of Action	Disposition of Action

12.	List all periods of active military service - <i>anything over thirty (30) days</i> :			
	Date From Month/Year	Date To Month/Year	Duty station: Name of station and City closest to duty station	Rank Held

Part VI – Personal References.

List five persons who know you well enough to provide current information about you. DO NOT list relatives or former employers.

1. Name	Home Phone:
Address	Cell Phone
City, State, Zip	When and how did you meet this person?
Email	

2. Name	Home Phone:
Address	Cell Phone
City, State, Zip	When and how did you meet this person?
Email	

3. Name	Home Phone:
Address	Cell Phone
City, State, Zip	When and how did you meet this person?
Email	

4. Name	Home Phone:
Address	Cell Phone
City, State, Zip	When and how did you meet this person?
Email	

5. Name	Home Phone:
Address	Cell Phone
City, State, Zip	When and how did you meet this person?
Email	

Part VII – Work History

Beginning with your current/most recent job, **list all employment since age 16.** Include part-time, temporary, and seasonal jobs. **Include all periods of unemployment.** Attach extra pages...

1. Current/Most Recent Job	Employer/Company Name: _____
From: _____	Job Title (& Duties): _____
To: _____	
Address you work(ed) at: _____	Phone Number: _____
Note: Include address, city, and state	
Supervisor Name: _____ (First and Last Name)	Reason for Leaving
Coworker Name: _____ (First and Last Name)	

2. From: _____	Employer/Company Name: _____
To: _____	Job Title (& Duties): _____
Address you work(ed) at: _____	Phone Number: _____
Note: Include address, city, and state	
Supervisor Name: _____ (First and Last Name)	Reason for Leaving
Coworker Name: _____ (First and Last Name)	

3. From: _____	Employer/Company Name: _____
To: _____	Job Title (& Duties): _____
Address you work(ed) at: _____	Phone Number: _____
Note: Include address, city, and state	
Supervisor Name: _____ (First and Last Name)	Reason for Leaving
Coworker Name: _____ (First and Last Name)	

4. <i>From:</i>	Employer/Company Name:	
<i>To:</i>	Job Title (& Duties):	
Address you work(ed) at:	_____	Phone Number: _____
Note: Include address, city, and state	_____	
Supervisor Name: <i>(First and Last Name)</i>	_____	Reason for Leaving
Coworker Name: <i>(First and Last Name)</i>	_____	

5. <i>From:</i>	Employer/Company Name:	
<i>To:</i>	Job Title (& Duties):	
Address you work(ed) at:	_____	Phone Number: _____
Note: Include address, city, and state	_____	
Supervisor Name: <i>(First and Last Name)</i>	_____	Reason for Leaving
Coworker Name: <i>(First and Last Name)</i>	_____	

6. <i>From:</i>	Employer/Company Name:	
<i>To:</i>	Job Title (& Duties):	
Address you work(ed) at:	_____	Phone Number: _____
Note: Include address, city, and state	_____	
Supervisor Name: <i>(First and Last Name)</i>	_____	Reason for Leaving
Coworker Name: <i>(First and Last Name)</i>	_____	

(Attach extra copies of this page if necessary to provide a complete work history)

Please answer the following questions relating to your work history.

7. Have you ever been terminated, forced to resign, or otherwise involuntarily separated by a previous employer?

Yes No

If yes, please explain:

8. Have you ever been reprimanded by a supervisor for misconduct or for not doing your job properly?

Yes No

If yes, please explain:

9. Have you ever been reprimanded for being late or absent? Yes No

If yes, please explain:

10. Have you ever been disciplined by a supervisor (including verbal or written reprimands, suspensions, fines, etc.)

Yes No

If yes, please explain:

11. Have you ever left a job without giving a two weeks' notice? Yes No

If yes, please explain:

12. Have you ever been engaged in any business as an owner, partner, or corporate member? Yes No

If yes, please explain:

13. Have you ever taken anything of value, goods, or services from an employer without their permission?

Yes No

If yes, please explain: _____

14. Have you ever taken any cash money from an employer? Yes No
 If yes, please explain:

15. Figure out a dollar amount of how much you have taken from all employers combined during the last five years and circle the amount below that comes closest to the total dollars in merchandise, goods, or services you have taken. This may include but is not limited to paper, pens, clips, etc.

\$0 \$10 \$25 \$50 \$70 \$100 \$200 \$500 \$750 \$1000 \$2500 \$5000

Other Amount: _____

Please explain **any** amounts:

If more room is needed continue on the back of this page.

16. In the last five years, have you submitted an application for employment with any other public safety agency or department? Yes No

If yes, please provide the following information:

Agency	Date Applied	Disposition of Application

17. Have you ever taken a voice stress analysis/polygraph examination for any reason? Yes No

If yes, please provide the following information:

Date	Agency/Company	City/State	Reason Tested	Result

18. Have you ever been rejected for cause from a public safety job? Yes No

If yes, please explain fully. Be specific: _____

19. At the present time, do you have any pending applications with any other public safety agency?

Yes No

If yes, please list the agency, the position applied for and the current status:

Part VIII – Arrests, Detention, and Litigation

1. Have you ever been involved as a party in a civil litigation(s)? Yes No

If "yes," please give details:

2. Have you ever been arrested, detained by police, or summoned into court? Yes No

If "yes," please supply the following information:

a)	Alleged Crime: _____	Police Agency: _____
	Date of Occurrence: _____	Case Disposition: _____
b)	Alleged Crime: _____	Police Agency: _____
	Date of Occurrence: _____	Case Disposition: _____
c)	Alleged Crime: _____	Police Agency: _____
	Date of Occurrence: _____	Case Disposition: _____

Part IX – Traffic Record

*****You are required to submit a 3-Year Driver's History at the time you submit the Background Booklet and your application, in addition to completing this section of the booklet.*****

1. Current Driver's License Number: _____	State of Issue: _____	Expiration Date: _____
2. List all states where you have held a driver's license or state identification card: _____		
3. Has your drivers' license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes," give date, location, and reasons: _____		

4. Briefly describe any traffic accidents in which you have been involved:

a)	Accident date _____	City/State: _____	Injury Accident? _____
	Did the police investigate? _____	Investigating Agency: _____	
	Description of Accident: _____		
b)	Accident date _____	City/State: _____	Injury Accident? _____
	Did the police investigate? _____	Investigating Agency: _____	
	Description of Accident: _____		
c)	Accident date _____	City/State: _____	Injury Accident? _____
	Did the police investigate? _____	Investigating Agency: _____	
	Description of Accident: _____		
d)	Accident date _____	City/State: _____	Injury Accident? _____
	Did the police investigate? _____	Investigating Agency: _____	
	Description of Accident: _____		
e)	Accident date _____	City/State: _____	Injury Accident? _____
	Did the police investigate? _____	Investigating Agency: _____	
	Description of Accident: _____		
f)	Accident date _____	City/State: _____	Injury Accident? _____
	Did the police investigate? _____	Investigating Agency: _____	
	Description of Accident: _____		

5. To the best of your memory, list all the driving citations you have received **as an adult and as a juvenile**, excluding parking tickets:

a)	Citation/Charge: _____	Month/Year: _____	
	City/State _____	Disposition _____	
b)	Citation/Charge: _____	Month/Year: _____	
	City/State _____	Disposition _____	
c)	Citation/Charge: _____	Month/Year: _____	
	City/State _____	Disposition _____	
d)	Citation/Charge: _____	Month/Year: _____	
	City/State _____	Disposition _____	
e)	Citation/Charge: _____	Month/Year: _____	
	City/State _____	Disposition _____	

f) Citation/Charge: _____	Month/Year: _____
City/State	Disposition
g) Citation/Charge: _____	Month/Year: _____
City/State	Disposition
h) Citation/Charge: _____	Month/Year: _____
City/State	Disposition

Part X – Membership in Organizations (Past and present)

1. Name & Address of Organization	Type (Social, Professional, etc.)	From:	To:
a)			
b)			
c)			
d)			

Part XI – Personal Declarations (General)

1. Have you ever **made application for employment** with the Cornelia Police Department or Cornelia Fire Department 911 or any other public safety agency? Yes No
If yes, please supply the following information:

Agency Name	Job Applied For	Date(s)	Status of Application
a)			
b)			
c)			
d)			

2. Have you ever **worked for** any public safety agency in a paid and/or volunteer capacity? Yes No
If yes, please supply the following information:

Agency Name	Job Title	Paid/Volunteer	Date(s) (to/from)	Supervisor's Name
a)				
b)				
c)				
d)				

3. Do you have or ever had <u>any</u> Public Safety Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please supply the following information:</i>			
Training Center	Agency Name	Date	Certification Number (if known)
a)			
b)			
c)			
d)			

4. Are you willing and able to work the following types of schedules: <input type="checkbox"/> Yes <input type="checkbox"/> No				
a) Day shift -	d) Night shift -	e) Weekends -	f) Holidays -	g) Overtime -
b) 12 hr 15 min regular shifts -		If no, to any of these, please explain:		
c) Be "on-call" for scheduled period -				

5. Do you have any relatives that are employed with The City of Cornelia? <input type="checkbox"/> Yes <input type="checkbox"/> No Relatives include, but are not limited to, siblings, parents, grandparents, cousins, aunts, uncles, in-laws, etc... If yes, please list below:		
Name	Relationship to You	Department In Which They Work
a)		
b)		
c)		

Part XII – Personal Declarations (Controlled Substances/Illegal Substances)

Alcohol/Liquor Consumption:

1. Describe in your own words, the frequency and extent of your use of intoxicating liquors:

2. Declare if you have used or tried any of the substances below **even once** (excluding legitimate prescriptions). List any other substances/controlled substances you have taken not listed below.

You will be questioned on this information during your background interview later in the process.

Substance	Date First Used*	Date Last Used*	Total # of Times Used	Avg Times Used (per week, month)	Total Time Used (# of months/ yrs)	Never Used, <u>Not Even One Time</u>
a) Marijuana/Hashish						
b) Amphetamines/Speed						
c) Methamphetamine						
d) Cocaine/Crack						
e) Heroin						
f) Inhalants						
g) LSD						
h) PCP						
i) Barbiturates/Tranquilizers						
j) Hallucinogenics						
k) Ecstasy						
l) Steroids						
m) Any other illegal drug:						
n)						
o)						

***Month and year must be included, particularly if the use was within the past five (5) years.**

(Attach extra copies of this section if necessary to provide a complete history)

3. Have you ever sold drugs or narcotics to anyone? (yes/no) If yes, explain in detail

4. Have you ever given or furnished drugs or narcotics to anyone? (yes/no) If yes, explain in detail:

Part XIII – Miscellaneous Questions

1. Do you know of anything that might prevent you from obtaining the position you have applied for? (yes/no) If yes, please provide an explanation in detail:

2. Is there any reason why you cannot work flexible, rotating shifts, which are related to your job assignment or duties? (yes/no) If yes, please provide an explanation in detail:			
3. Have you purposely omitted any information from your employment application, resume, this document, or any other documentation you have submitted? (yes/no) If yes, please provide an explanation in detail:			
4. Were you able to understand all of the questions in this document? (yes/no) If no, please provide an explanation in detail:			
5. How did you find out about this position? Please circle the appropriate answer.			
a. advertisement	b. mailing list	c. job fair	d. other (explain)

Part XIV – Required Proof of Identification and/or Qualifications

*****, DO NOT SUBMIT these documents with Background Booklet*****
Be prepared to bring them with you to interviews and/or job offers.

During the background investigation, applicants may be asked to provide various proofs to verify the statements made in the Background Booklet, employment application and during any investigation interviews or contacts.

Examples of documentation that applicants should be prepared to provide **may include, but not be limited to:**

<ul style="list-style-type: none"> • Birth certificate • Photo identification • High school diploma/GED certification • College diploma • College transcripts (proof of coursework) • Trade school diploma/certification • Licenses held (i.e. pilot, radio operator) • Training certification (i.e. First Aid/CPR) • Proof of military service (i.e. DD-214) 	<ul style="list-style-type: none"> • Proof of employment (i.e. recent pay stubs, W2 forms, etc.) • Proof of job performance (i.e. letters of recommendation, performance evaluations, letters of commendation/discipline, etc.) • Current drivers license and/or driving abstract
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The person assigned to complete each candidate's background investigation/voice-stress analysis will determine what information he/she would like you to bring with you. However, since it may take you a while to find and obtain the necessary documentation, please be prepared to gather this information in advance of your appointment.

Part XV – Candidate Certification

- I hereby certify that there are **NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS** in the information I have provided in the Background Booklet and on any other additional documentation that I have attached to or provided along with the Background/Informational Booklet.
- I am fully aware that any such **MISREPRESENTATION, OMISSIONS, OR FALSIFICATIONS** will be grounds for immediate rejection of my application for employment and/or termination of my employment with the City of Cornelia.

Signature of Applicant: _____

Date: _____

**Applicant Privacy Rights
Notification Signature Form**

Applicant Notification and Record Challenge:

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16.34. Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 through 16.33 or review the FBI website.

Signature

Print Name

Date

Applicant Privacy Rights

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a non-criminal justice purpose (such as an application for criminal justice or non-criminal justice employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

Privacy Act Statement

This privacy act statement is located on the back of the (blue) FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principle Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 02/04/2021

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ to conduct an inquiry for
Agency/Company
 the purpose listed below and receive any Georgia and/or national criminal history record information
 as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

- This authorization is valid for _____ days from date of signature.
- I, _____, give consent to the above-named
 entity to perform periodic criminal history background checks for the duration of my employment.

 Signature Date

 Attorney for Individual (Pur E and U Only) Bar Number Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title