



GENERAL EMPLOYMENT APPLICATION

City of Duluth
3167 Main Street
Duluth, GA 30096
770-476-3434
www.duluthga.net

NOT TO BE USED FOR POLICE DEPARTMENT POSITIONS

Position(s) Applying For			
Date of Application	Check ALL Types of Employment You Would Accept:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> Internship/Volunteer
How Did You Find Out About This Position?			

Your Full Name (Last, First Middle Suffix)		
Home Street Address		Apartment Number
City, State, ZIP		
Home Telephone	Cell Phone	Other Phone Number(s)
E-Mail Address		

THE CITY OF DULUTH IS AN EQUAL OPPORTUNITY EMPLOYER

The City of Duluth is an equal opportunity employer and in accordance with applicable Federal and State laws does not unlawfully discriminate on the basis of race, color, religion, national origin, disability, age, gender, or other legally protected status or classification.

It is the policy of the City of Duluth to provide equal employment opportunity (EEO) for all applicants and employees. This EEO policy applies to all areas of employment including recruitment, hiring, training, promotion, compensation, benefits, transfer, and other terms and conditions of employment. Employment decisions are made based on the qualifications of the applicant.

We offer assistance to applicants who may need reasonable accommodations with the application and/or interview process. Please notify the Human Resources department if you need assistance.

Rev. 06/19/2008; 04/14/2011; 04/18/2011



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EMPLOYMENT APPLICATION INSTRUCTIONS

1. This employment application is NOT an offer of employment nor a contract for employment. The completion of this application, or any other instrument, does not stand as an agreement or promise to hire the applicant, and any statement to the contrary is void. Department Heads and the City Administrator are the only persons authorized to make an offer of employment.
2. This employment application is the basis for the employment screening process and background investigation conducted by the City of Duluth on applicant. Interviews are only conducted for highly qualified applicants once the applicant passes the screening process and the background investigation. Not all applicants are interviewed.
3. Your ability to complete this application will be evaluated and used as one basis for employment decisions.
4. **Incomplete Applications will not be processed. ALL pages of the application package must be returned—including blank pages.**
5. Applicants will be given consideration for open positions only.
6. **Print, type or word process this application. Use only black or dark blue ink if handwritten.**
7. Complete all questions. The answers that you provide on this application must be full and complete. 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 employment. 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. It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence and its degree of relevance to the position. You may think that something you have done will disqualify you from further consideration—it may or may not; but what will certainly disqualify you from further consideration is not being honest about it.
8. Any question not pertaining to you individually, list as “N/A” for Not Applicable.
9. Do not use abbreviations unless they are commonly recognized.
10. If more writing space is needed throughout this application form, you may write your answers on plain paper and attach them to the application. Be sure to clearly identify the question you are referring to.
11. **Attach copies of the following.**
 - High School Diploma or G.E.D. certificate or high school transcript showing graduation**
 - All post-secondary (college, vocational school, etc.) diplomas and/or transcripts**
 - If you were in the military, documentation of military training and experience, and a DD-214**
 - Records of any additional training, experience, or education you wish us to consider**
 - Your resume (will not be accepted in lieu of this application)****Copies of these documents are acceptable for application submission purposes, but original/certified copies may be required if an offer of employment is made and accepted.**
12. Applications and all other submitted documents become the property of the City of Duluth and cannot be returned. Applicants may wish to make a copy of their completed application for their own records. DO NOT submit originals of documents—they cannot be returned.
13. Applications must be mailed or hand delivered. We are unable to accept electronic, fax, or e-mail submissions.

AFFIDAVIT OF APPLICANT

As the Applicant, I state that I fully understand, acknowledge, and/or certify the following:

1. That if I do not wish to answer a question in the application process, I may do so; however I understand that my application will not be processed.
2. That I have read and understand all questions and instructions in this application.
3. That truthful, accurate, and complete responses in the hiring process are required and that my answers during the hiring process are, and will be, truthful, accurate, and complete to the best of my knowledge and belief.
4. That discovery of intentional omissions, incorrect or misleading answers, or concealment of fact may be a basis for the termination of the application process, or if hired may result in discharge whenever it is discovered; and may result in criminal prosecution for the offense of "False Statements" under Georgia Law section 16-10-20, which is a felony punishable by a maximum fine of \$1,000 or imprisonment for not less than one (1) or more than five (5) years, or both.
5. That the City of Duluth operates within the scope of various policies and procedures and that if an offer of employment is made and accepted, the applicant agrees to work in accordance with the policies and procedures of the City of Duluth and its departments, as well as federal, state, and local laws and ordinances.
6. I understand that any offer of employment is contingent on my passing a comprehensive background investigation and I authorize investigation of all items in the application in order to assist the City in arriving at an employment decision and I voluntarily agree to submit to the hiring process. I understand that this includes various processes based on the position I may be considered for, and may include, but is not limited to:
 - Various requests for information and interviews of persons and organization which have information relevant to my qualifications for employment (including present and past employers, and personal and professional references)
 - Examinations and testing of my knowledge, skills, and abilities
 - Psychological, medical, and physical examinations and tests (including drug screening)
 - Polygraph examination
 - Verification of my drivers/criminal history and drivers license statusI understand that failure to pass any part of the hiring process may result in withdrawal of any offer of employment.
7. **That any employment relationship with the City of Duluth is "at-will" in nature and for an indefinite period, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause or notice. It is further understood that this "at-will" employment relationship may not be changed by any written document or conduct unless such change is specifically authorized and acknowledged in writing by the City Council of Duluth.**
8. That the City of Duluth reserves the right to change my wages and any other conditions of employment, benefits, and operating policies and procedures at any time.

9. That upon termination of any employment with the City of Duluth, I must return all property issued to me by the City of Duluth or any of its Departments or Agencies, or make suitable restitution for same.
10. Compensatory Time for Non-Exempt Positions (Fair Labor Standards Act Disclosure):
That as a condition of employment in a non-exempt position, I agree to receive compensatory time instead of cash payment for overtime wages. I also understand that when I leave City employment that any accrued compensatory time will be paid based on my final rate of employment.
11. Withholding of Final Paychecks & Annual Leave (Fair Labor Standards Act Disclosure):
That as a condition of employment, I agree that the City may withhold the appropriate amount of monies from my last check(s) and annual leave and compensatory time balances if I terminate employment and do not turn in all City-owned and issued property in acceptable condition, or if I owe money to the City.
12. That I understand and acknowledge that if any information presented in this application changes between the time I submit the application and any offer of employment is made, that I must advise the City of Duluth of those changes in writing.
13. That the information I have provided on the application is subject to public disclosure under the Georgia Open Records Act.
14. That I understand and acknowledge that this application for employment will be considered active for a period of time not to exceed 6 months, and that I wish to be considered for employment after that, that I must submit another application.

PRINTED Name: _____

Signature: _____ Date: _____

1. Are you legally able to accept employment in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If hired, will you be able to provide proof of identity and authorization to work in the United States as required by the Immigration Reform and Control Act of 1986?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you read the job description for the position(s) you have applied for?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you capable of performing in a safe and reasonable manner the activities involved in the job for which you have applied, with or without reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. If your position requires it, will you work shifts, holidays, weekends, non-daytime hours and/or rotating shift assignments, and travel up to a week at a time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Will you follow the policies, procedures, and directives of the City of Duluth and its supervisors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you agree to accept changes in the duties and responsibilities of your position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you applying for employment of your own free-will?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you ever been employed or served with us before? If yes, when? _____ What job? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have you ever been convicted of, or pled guilty or nolo contendere (no contest) to a crime? (Minor traffic offenses will be asked for later.) <i>(conviction will not necessarily disqualify an applicant from employment)</i> If yes, list crime, court, date of conviction, and disposition: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do you currently have any pending criminal charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are any members of your family or any relative (by blood or marriage) employed by or serving the City of Duluth? If yes, list their name(s), relationships, and job title: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do you own a business or have a second job which you expect to keep if hired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are you required to be registered as a sex-offender in any state? If yes, which state(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted or shows a policy of advocating or approving the commission of acts or force or violence to deny other persons their rights under the Constitution of the United States or of the State of Georgia, or which seeks to alter the form of government of the United States by unconstitutional means?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are you a fugitive from justice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Within the past six (6) months, have you used, possessed, bought, or sold any illegal substances, including marijuana?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT EXPERIENCE

- List your entire employment history for at least the past ten (10) years.
- Start with your present (or most recent) job first, and work backwards.
- List ALL military service, self-employment, and seasonal or part-time jobs no matter how little time was involved.
- Describe the specific duties of each job, beginning with primary duties
- If you worked for the same employer but held significantly different jobs, list and describe each job separately.
- If more space is required, you may attach additional copies of employment pages.
- You may attach a resume only as additional information, but you must complete this application as well. Do NOT write “see resume” as the answer to any question.
- Employment history information will be verified by background investigation.
- **You MUST provide COMPLETE contact information for your employers, including full addresses and phone numbers.**

Company Name		Phone Number
Street Address		
City, State, ZIP		
Type of Business		
Supervisor's Name		Supervisor's Phone Number
Dates Worked From:	To:	Total Time Employed: ___ Yrs ___ Mos.
Starting Pay: \$	per	Ending Pay: \$ per
Job Title:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Hours Per Week:	<input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> Internship/Volunteer <input type="checkbox"/> Other
Description of Job Duties:		
What did you like MOST about this position?		
What did you like LEAST about this position?		
Number & Types of Employees You Supervised:		
Reason for Leaving		
May We Contact This Employer Now? <input type="checkbox"/> Yes <input type="checkbox"/> Only later, after an Offer of Employment		
May We Contact YOU at this job? <input type="checkbox"/> No <input type="checkbox"/> Yes – Number to Call is:		

Company Name		Phone Number
Street Address		
City, State, ZIP		
Type of Business		
Supervisor's Name		Supervisor's Phone Number
Dates Worked From: _____ To: _____		Total Time Employed: ___ Yrs ___ Mos.
Starting Pay: \$ _____ per		Ending Pay: \$ _____ per
Job Title:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Hours Per Week: _____	<input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> Internship/Volunteer <input type="checkbox"/> Other _____
Description of Job Duties:		
What did you like MOST about this position?		
What did you like LEAST about this position?		
Number & Types of Employees You Supervised:		
Reason for Leaving		

Company Name		Phone Number
Street Address		
City, State, ZIP		
Type of Business		
Supervisor's Name		Supervisor's Phone Number
Dates Worked From: _____ To: _____		Total Time Employed: ___ Yrs ___ Mos.
Starting Pay: \$ _____ per		Ending Pay: \$ _____ per
Job Title:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Hours Per Week: _____	<input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> Internship/Volunteer <input type="checkbox"/> Other _____
Description of Job Duties:		
What did you like MOST about this position?		
What did you like LEAST about this position?		
Number & Types of Employees You Supervised:		
Reason for Leaving		

Company Name		Phone Number
Street Address		
City, State, ZIP		
Type of Business		
Supervisor's Name		Supervisor's Phone Number
Dates Worked From: _____ To: _____		Total Time Employed: ___ Yrs ___ Mos.
Starting Pay: \$ _____ per		Ending Pay: \$ _____ per
Job Title:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Hours Per Week: _____	<input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> Internship/Volunteer <input type="checkbox"/> Other _____
Description of Job Duties:		
What did you like MOST about this position?		
What did you like LEAST about this position?		
Number & Types of Employees You Supervised:		
Reason for Leaving		

Company Name		Phone Number
Street Address		
City, State, ZIP		
Type of Business		
Supervisor's Name		Supervisor's Phone Number
Dates Worked From: _____ To: _____		Total Time Employed: ___ Yrs ___ Mos.
Starting Pay: \$ _____ per		Ending Pay: \$ _____ per
Job Title:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Hours Per Week: _____	<input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> Internship/Volunteer <input type="checkbox"/> Other _____
Description of Job Duties:		
What did you like MOST about this position?		
What did you like LEAST about this position?		
Number & Types of Employees You Supervised:		
Reason for Leaving		

List and describe any disciplinary actions at any job within the last 10 years.

Have you ever been asked to resign, or been discharged from a job, or resigned to avoid discharge within the past 10 years? <i>If so, please describe.</i>

List professional, trade, business, or civic activities and offices held. <i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.</i>

EDUCATION

Indicate your highest level of education from an accredited institution: <u>Mark only ONE box.</u>	<input type="checkbox"/> No High School Diploma or G.E.D.
	<input type="checkbox"/> High School Diploma or G.E.D.
	<input type="checkbox"/> Some college, but no degree
	<input type="checkbox"/> Associate's Degree
	<input type="checkbox"/> Bachelor's Degree
	<input type="checkbox"/> Master's Degree
	<input type="checkbox"/> Doctoral Degree

Indicate below all college, vocational, trade, technical, business and military service schools you have attended.

IMPORTANT: List the address where records are kept (such as the central administrative offices), NOT the address where you may have attended.

HIGH SCHOOL (Last one, if more than one)

Name of School:		
Street Address, City, State, & ZIP:		
Phone & FAX:	Phone:	FAX:
Dates of Attendance:		
List Degree, Diploma, or Certificate Earned and Year:		G.P.A.
Name Used While Attending:		

VOCATIONAL/TECHNICAL/BUSINESS SCHOOLS, COLLEGES, PROFESSIONAL SCHOOLS, MILITARY SERVICE SCHOOLS

Name of School:		
Street Address, City, State, & ZIP:		
Phone & FAX:	Phone:	FAX:
Dates of Attendance:		
List Degree, Diploma, or Certificate Earned and Year:		G.P.A.
Major or Concentration:		
Number & Type of Credits Earned:	____ Quarter Hours	____ Semester Hours ____ Clock Hours
Name Used While Attending:		

You may make more copies of this page if necessary.

Name of School:		
Street Address, City, State, & ZIP:		
Phone & FAX:	Phone:	FAX:
Dates of Attendance:		
List Degree, Diploma, or Certificate Earned and Year:		G.P.A.
Major or Concentration:		
Number & Type of Credits Earned:	____ Quarter Hours	____ Semester Hours ____ Clock Hours
Name Used While Attending:		

Name of School:		
Street Address, City, State, & ZIP:		
Phone & FAX:	Phone:	FAX:
Dates of Attendance:		
List Degree, Diploma, or Certificate Earned and Year:		G.P.A.
Major or Concentration:		
Number & Type of Credits Earned:	____ Quarter Hours	____ Semester Hours ____ Clock Hours
Name Used While Attending:		

Name of School:		
Street Address, City, State, & ZIP:		
Phone & FAX:	Phone:	FAX:
Dates of Attendance:		
List Degree, Diploma, or Certificate Earned and Year:		G.P.A.
Major or Concentration:		
Number & Type of Credits Earned:	____ Quarter Hours	____ Semester Hours ____ Clock Hours
Name Used While Attending:		

TRAINING & SKILLS

Describe any job-related training.			
DATE	COURSE/SUBJECT MATTER	LOCATION	HOURS

Indicate any foreign languages (including sign language) you can speak, read, and/or write by putting the name of the language in the correct box(es) below.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe the specific type/name and extent to which you possess the following computer/keyboarding experience.		
ITEM	PROGRAM NAME	LEVEL OF KNOWLEDGE
Word Processing Programs	<input type="checkbox"/> MS Word <input type="checkbox"/> Other _____	<input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic <input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic
Spreadsheet Programs	<input type="checkbox"/> MS Excel <input type="checkbox"/> Other _____	<input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic <input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic
Presentation/Graphics Programs	<input type="checkbox"/> MS PowerPoint <input type="checkbox"/> Other _____	<input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic <input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic
E-mail Programs	<input type="checkbox"/> MS Outlook <input type="checkbox"/> Other _____	<input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic <input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic
Internet	<input type="checkbox"/> Internet Explorer <input type="checkbox"/> Other _____	<input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic <input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic
TimeKeeping Programs	<input type="checkbox"/> ADP <input type="checkbox"/> Other _____	<input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic <input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic
Financial Programs	<input type="checkbox"/> New World Systems <input type="checkbox"/> Other _____	<input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic <input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic
Typing Speed	_____ Words Per Minute	

Advanced = Knows all key features, excellent speed
 Intermediate = Comfortable with most key features of application, good speed
 Basic = Minimum knowledge, slow speed

DRIVING RECORD

1. Do you have a driver's license? Yes No

License Number _____ State _____ Expiration _____

2. Have you ever been licensed in another state? Yes No

License Number _____ State _____ Expiration _____

License Number _____ State _____ Expiration _____

License Number _____ State _____ Expiration _____

3. Have you ever had a driver's license suspended or revoked? Yes No

If yes, please give details:

List all traffic charges within the past seven (7) years.
Do not include parking tickets.
For speeding tickets, list your speed and the posted speed limit.
If you have no traffic violations, write "No Violations" on the first line.

Date	Charge	City, State	Disposition

List all traffic accidents you have had in the last 7 years in which you were at fault, including employment-related accidents.
If you have no accidents, write "No Accidents" on the first line.

Date	Charge	City, State	Disposition

MILITARY SERVICE

For all of the following questions, "Military Service" includes active duty, reserve duty, and National Guard service.

If you have none, check here: None

List all periods of all military service.				
From	To	Rank Held	Assignment	Branch

Are you currently participating in any military reserve or National Guard program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you ever court-martialed, tried on charges, or were the subject of any court martial, summary court, deck court, captain's mast or company punishment, Article 15, or any other judicial or non-judicial punishment or disciplinary action while in military service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you ever commit any criminal act while in military service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been ordered to forfeit pay, been confined, or been reduced in rank for disciplinary reason while in military service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes for any of the above, please explain:	

ADDITIONAL INFORMATION

Summarize special job-related skills and qualifications acquired from employment or other experience not already listed elsewhere.

List any additional information you feel may be helpful to us in considering your application for employment.

List references (other than employers already listed, and other than relatives by blood/marriage) who has knowledge of your character and work qualifications.		
NAME	FULL ADDRESS	PHONE NUMBERS
1.		
2.		
3.		

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION,
CRIMINAL HISTORY RECORD, AND DRIVER'S LICENSE HISTORY INFORMATION**

I, _____, do hereby authorize the review of and full disclosure
(print your name)
of all records concerning myself to any duly authorized agent(s) of the City of Duluth, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of any and all records pertaining to me, including, but not limited to: records of educational institutions; financial or credit institutions; including records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements wherever filed; medical and psychiatric treatment and/or consultation; including hospitals, clinics, private practitioners, and the United States Veterans Administration; employment and pre-employment records, including internal investigations, reports, background reports, polygraph/voice stress analysis exam results, performance appraisal, efficiency or fit-for-duty reports, complaints, or grievances filed by or against me; and the records, recollections of attorneys' at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest; and any other document or article of information deemed pertinent for the purposes of assessing my suitability for employment or other service to the City of Duluth.

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 initial hiring and continuing employment or other service by the City of Duluth.

I further specifically release, discharge and exonerate the City of Duluth, its agents, officers, and representatives, and any person, agency, company, organization, or firm furnishing information from any and all liabilities of every nature arising out of the furnishing or inspection of such documents, records and other information, or the investigation made by or on behalf of the City of Duluth.

For the purpose of a personal history background check to determine suitability for initial hiring and continuing employment or other service to the City of Duluth, I hereby specifically waive my rights to privacy of records under the federal Family Education Rights and Privacy Act of 1974, as amended.

I hereby authorize the City of Duluth to receive any criminal history record information and driver's history information pertaining to me which may be in the files of any criminal justice or other governmental agency, to include Georgia and National Crime Information Center files. This authorization shall remain in effect from now through any period of employment or other service to the City of Duluth and I understand that such on-going consent is a condition of employment or other service to the City of Duluth.

I recognize and acknowledge the right of the City of Duluth to treat, at its sole discretion, certain sources of information as confidential, and its right to withhold from me or my agent the names of such confidential informed sources and information obtained from them.

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

Applicant's Signature: _____ Date: _____

Applicant's **FULL** Printed Name: _____

Other Names I Have Been Known By or Worked Under: _____

Race: _____ Sex: _____ Date of Birth: _____ SSN: _____

EXACT Name on Driver's License: _____

Driver's License Number: _____ State: _____

Home Address: _____

City, State, ZIP: _____

INVESTIGATION AUTHORIZATION

Under the applicable provisions of the federal Fair Credit Reporting Act (FCRA), notice is hereby given that a consumer report or investigative consumer report may be made which may include information pertaining to your employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, and personal characteristics. This report may also include information pertaining to a commercial driver's license and commercial driving work history which, under provisions of the United States Department of Transportation, can include inquiries into drug and alcohol testing and use. This report will be used for employment purposes only, and will be processed by LABORCHEX Companies, an employment screening service, 3900 Lakeland Drive #300, Jackson, MS 39208, 800-880-0366. LABORCHEX conducts business according to all applicable federal and state laws. LABORCHEX agrees to use its best and most precise efforts to furnish its (a "client" is defined as a business, company, or organization which contracts with LABORCHEX to provide employment screening services to them) with accurate, current, complete, and reliable information based on such information as it is reasonably available and obtained via applicable public records sources and/or information services utilized by LABORCHEX. Sources also include contact by phone, FAX, U.S. Mail, and electronic mail of an applicant's previous employers, education officials, and other individuals who can provide accurate verification and confirmation of the applicant's background. However, LABORCHEX cannot guarantee the accuracy of the information provided by these sources, which include courts, public record databases, commonly accepted information sources, and individuals, including previous employers.

You are further advised that LABORCHEX does not counsel its clients regarding their hiring policies and procedures (a "client" is defined as a business, company, or organization which contracts with LABORCHEX to provide employment screening services to them). LABORCHEX will not have any knowledge as to why you have been offered a position or the reasons why you were denied employment, and will not be responsible or liable for actions taken by its client. Under the provisions of the FCRA, you have the right to dispute information provided in a report and, after providing proper identification, you can request a copy of such report(s), including details about the sources of information. Such information will be provided to you at no cost within 30 days after receiving your request. This information will be provided by the company, business, or organization at which you applied for employment. Upon your request, LABORCHEX will provide additional details regarding your employment screening report, particularly the names of specific resources used to gather information, such as courts, public record databases, commonly accepted data sources and individuals.

I, the undersigned, have read and fully understand the above notice. I hereby authorize LABORCHEX to investigate my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, personal characteristics, and information pertaining to a commercial driver's license and commercial driving work history, including inquiries into drug and alcohol testing and use. I authorize LABORCHEX to verify the facts stated by me on the attached application and/or resume. I agree not to hold LABORCHEX and/or the Georgia Municipal Association responsible in any manner for errors in information provided to LABORCHEX by any of the sources LABORCHEX uses to obtain such information about my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, and personal characteristics. I also agree not to hold LABORCHEX and/or the Georgia Municipal Association responsible for reports deemed by me to be incorrect, when LABORCHEX has, in good faith and according to its established lawful practices, based its information on sources it normally utilizes, such as those listed above.

Applicant Signature _____ Date: _____

Print **FULL** Name: _____

Other Names I Have Been Known By or Worked Under _____

Race _____ Sex _____ Date of Birth _____ (for criminal and driving record checks)

Social Security Number: _____

EXACT Name on Driver's License: _____

Driver's License Number: _____ State: _____

Home Address: _____

City, State, ZIP: _____

Rev. 06/07/2007