

City of Lenox

Mayor: Henry P. Baker, Jr.

Councilmembers:

Yolande Boone

Cathy Byron

Billy Mauldin

Lillian McClelland

Carolyne Sanders

P.O. Box 560 * Lenox, Georgia 31637

Phone (229) 546-4252 * Fax (229) 546-4227

"A Family Community"

City Clerk: Teresa Barber

Police Chief: Shane Daughtrey

Dear Applicant:

Thank you for choosing the City of Lenox to help you meet your employment and career goals. We appreciate the time you are taking to complete our standard application process.

The City of Lenox is committed to providing a safe and comfortable environment for clients and their families, as well as offering all employees the security of knowing their coworkers are trustworthy, safety oriented and drug-free as they are.

In order to meet these safety and security goals, in addition to requiring that all potential new employees be tested for illegal drugs, the City of Lenox also conducts thorough background screening. If you are considered for employment, please note that some or all of the following employment screenings will be performed:

THE CITY OF LENOX will conduct a CRIMINAL RECORDS CHECK.

THE CITY OF LENOX will contact PREVIOUS EMPLOYERS and EDUCATION OFFICIALS.

THE CITY OF LENOX will verify your PROFESSIONAL LICENSE and CREDENTIALS (if appropriate).

THE CITY OF LENOX will check your DRIVING RECORD (if you job involves driving a company or private vehicle).

THE CITY OF LENOX may request additional levels of background screening when appropriate.

Again, Thank You for applying for employment with the CITY OF LENOX.

City of Lenox is an Equal Opportunity Provider

APPLICATION FOR EMPLOYMENT
(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

				<u>DATE</u>
<u>NAME</u>			<u>SOCIAL SECURITY NUMBER</u>	
LAST	FIRST	MIDDLE		
<u>PRESENT ADDRESS</u>				
STREET	CITY	STATE	ZIP	
<u>PERMANENT ADDRESS</u>				
STREET	CITY	STATE	ZIP	
<u>PHONE NO.</u>	<u>ARE YOU 18 YEARS OR OLDER?</u>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<u>ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?</u>			Yes <input type="checkbox"/>	No <input type="checkbox"/>

EMPLOYMENT DESIRED

<u>POSITION</u>	<u>DATE YOU CAN START</u>	<u>SALARY DESIRED</u>
<u>ARE YOU EMPLOYED NOW?</u>	<u>IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?</u>	
<u>EVER APPLIED TO THIS COMPANY BEFORE?</u>	<u>WHERE?</u>	<u>WHEN?</u>
<u>REFERRED BY</u>		

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC ATHLETIC ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U. S MILITARY OR NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. (Fill in name of state.)
IT IS UNLAWFUL IN THE STATE OF _____ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST
AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL
BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

IN CASE OF
EMERGENCY NOTIFY

Signature of Applicant

NAME

ADDRESS

PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.
IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRONG AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:

DATE:

REMARKS:

NEATNESS

ABILITY

HIRED: ☐ Yes ☐ No

POSITION

DEPT.

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED:

1.

EMPLOYMENT MANAGER

2.

DEPT. HEAD

3.

GENERAL MANAGER

CONSENT FORM

I HEREBY AUTHORIZE _____ TO RECEIVE ANY
CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE
IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.

FULL NAME PRINTED

ADDRESS

SEX

RACE

DOB

SOCIAL SECURITY #

SIGNATURE

NOTARY

DATE