



STATE OF GEORGIA
STANDARD APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

Complete information on searching for jobs with the State of Georgia and an on-line application procedure may be found at <http://team.georgia.gov/careers>.

Utilizing the Team Georgia Careers website is the preferred method for applying for State of Georgia jobs.

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|----------------------------------|--|--|--|--|--|--|--|--|--|-----------------------|--|--|--|--|----------------------|--|--|--|--|---------------|--|--|--|--|
| Daytime Telephone Number | | | | | | | | | | E-mail Address | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | | | | | | | First Name | | | | | Middle | | | | | | | | | |
| Street or Mailing Address | | | | | | | | | | | | | | | Apartment No. | | | | | | | | | |
| City | | | | | | | | | | State | | | | | Zip Code | | | | | County | | | | |

EMPLOYMENT ELIGIBILITY:

- To be employed by the State of Georgia, you must meet certain State and Federal employment eligibility requirements.
- These include (but are not limited to) United States citizenship or authorization to work in this country, positive rehire status if previously employed by the State, and no disqualifying criminal convictions (for some jobs).
- Please answer the following questions.

| | | |
|---|--|--|
| <p>1. Are you 18 years of age or older?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>2. Are you a current State of Georgia employee?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>3. Have you been dismissed from a State of Georgia government position?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|--|--|

TYPE OF WORK:

| | |
|----------------------------------|-----------------------|
| Specific Job Title Sought | Requisition ID |
| | |

SOURCE:

Please indicate how you heard about this job:

| | |
|---|---|
| <input type="checkbox"/> Agency Website | <input type="checkbox"/> Other |
| <input type="checkbox"/> Broadcast | <input type="checkbox"/> Professional Associations |
| <input type="checkbox"/> Career Fair | <input type="checkbox"/> Referral |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Social Network Service |
| <input type="checkbox"/> Job Board | <input type="checkbox"/> Talent Exchange |
| <input type="checkbox"/> Magazines & Trade Publications | <input type="checkbox"/> Team Georgia Careers |
| <input type="checkbox"/> Newspapers | <input type="checkbox"/> University/Campus Recruiting |
| | <input type="checkbox"/> Unsolicited |



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EDUCATION:

| | | | | | | |
|--|-------------------|-----------------------------------|----------------|--------------|--------------|--------------|
| High School Graduate or Equivalent (GED)? | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| College/Technical School | | | Program | | | |
| Institution | City/State | Education Level (Achieved) | Major | Hours | Minor | Hours |
| | | | | | | |
| | | | | | | |
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LICENSES AND CERTIFICATIONS:

| Type of License/Certificate | License/Certificate Number | Expiration (Mo/Yr.) | Specialization/Endorsements |
|-----------------------------|----------------------------|---------------------|-----------------------------|
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WORK HISTORY:

- Describe your work history below beginning with your current or most recent job.
- If you need more space, print out the supplemental work history page and attach to the application.
- You may attach a resume to supplement your work history information.

| | |
|----------------------------------|---------------------------------------|
| Current or Last Employer | Function |
| Start Date | End Date |
| Supervisor's Name | Supervisor's Title |
| Supervisor's Phone Number | May We Contact the Supervisor? |
| Achievements | |
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|----------------------------------|---------------------------------------|
| Employer | Function |
| Start Date | End Date |
| Supervisor's Name | Supervisor's Title |
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| Employer | Function |
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| Achievements | |
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|---|--------------|
| CERTIFICATION: Read carefully before signing and dating. Unsigned applications will not be processed. | |
| By signing below, I certify/confirm that my application, resume, and any document enclosed as part of submission for the job is accurate and complete to the best of my knowledge. I understand that state employers will verify the information provided. I further understand that omitting or providing false information on this form, or any other subsequent application materials, will be sufficient reason to disqualify me from consideration for employment, or immediate dismissal if I am employed | |
| Signature: | Date: |



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**EQUAL EMPLOYMENT OPPORTUNITY
SELF IDENTIFICATION FORM**

The State of Georgia provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, or genetics. In addition to federal law requirements, the State of Georgia complies with applicable state and laws governing nondiscrimination in employment in every location in which the State of Georgia has facilities. This applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer leaves of absence, compensation, and training.

The information you provide in this section is optional. The information will be used by state agencies to comply with Federal guidelines for monitoring the equal employment opportunity efforts of the State of Georgia and for no other reason. Your answers will be will not be used against you in any way.

Race/Ethnicity

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- Two or More Races
- White
- I do not wish to provide this information**

Gender

- Female
- Male
- I do not wish to provide this information**

Veteran

The laws of the State of Georgia afford some degree of preference to veterans in certain initial employment decisions. If you believe you belong to any of the categories of veterans listed below and have not been dishonorably discharged, please indicate by checking the appropriate box below. DD214 and/or other supporting documents will be required.

- US Armed Forces Veteran
- Disabled Veteran (at least 10% disability)
- Disabled Veteran's Spouse
- Deceased Veteran's Widow/Widower

For Agency Use:

The Jessamine Place Reference Request Form

Please provide references

(2) Business

1). _____
Business Name

Contact Person

Address

Phone Number

2). _____
Business Name

Contact Person

Address

Phone Number

(1) Personal

1). _____
Business Name

Contact Person

Address

Phone Number

I hereby authorize Ben Hill MR Service d/b/a The Jessamine Place to check the references listed above and those on my application in regard to employment suitability.

Applicant Signature

Date

**PRE-EMPLOYMENT DRUG SCREENING
ACKNOWLEDGEMENT STATEMENT**

I, _____, acknowledge that I have read and understand the
(Name of Applicant)
following stipulations required by State Law:

1. As a condition of employment I must take **and satisfactorily pass** a drug screening test **prior to the effective date of employment** with the Georgia Department of Human Resources. The Test is conducted to determine the use of illegal drugs.
2. I am willing to take the drug screening test at one of the locations specified by the Georgia Department of Human Resources.
3. I understand that if I refuse to take the drug screening test, or fail to appear at the specified testing location by the imposed deadline, I will be disqualified from employment with any State agency, department, commission, board or authority (including public school systems) for a period of two (2) years.
4. I have taken the drug screening test for the following State agencies, department, commissions, boards or authorities within the last two (2) years (including, public school systems):

Agency/Authority

Date of Test

| | |
|--|--|
| | |
| | |

5. I certify that I did not test positive for the use of illegal drugs for the above-listed State agencies, departments, commissions, boards or authorities (including public school systems).
6. I acknowledge that withholding of falsifying of any of the requested information will result in immediate termination of employment with the Georgia Department of Human Resources.
7. I understand that should my drug screening test results indicate the use of illegal drug and such use is not found by the Medical Review Officer to be authorized by State of Federal law, I will be disqualified from any employment with any State employer (including public school systems) for a period of two (2) years from the date of the test was administered.

I understand that if I refuse to sign this form I am withdrawing myself from any further consideration of employment with the Georgia Department of Human Resources for this position.

(Print Applicant Name)

(Applicant Signature)

(Date)