

# CITY OF REIDSVILLE

Telephone: (912) 557-4786    "Friendship City USA"    Fax: (912) 557-8827

Vickie Fountain Nail, Mayor  
 Donald Prestage, Mayor Pro-Tem  
 Carolyn Crume-Blackshear, Council  
 Lindsay Bennet, Council  
 Verdie Williams, Council  
 Doug Williams, Council  
 Duann Cowart-Davis, Attorney

Nivea Jackson, City Clerk  
 Rodney Deloach, Public Works Director  
 Trey NeeSmith, Chief of Police  
 Jimmy Brown, Fire Chief  
 Darien Renfro, Recreation Director

## APPLICATION FOR EMPLOYMENT

*An equal opportunity employer  
 Type or print clearly in ink and sign this application.*

### PERSONAL DATA

<u>Enter your social security number:</u> <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-top: 5px;"></div>			<u>For city office use only</u>
<u>Last Name</u>	<u>First</u>	<u>MI</u>	
<u>Apt. #</u>	<u>Address - Street or P.O. Box</u>		<u>Are you a city employee who has permanent status?</u> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Yes</span> <span>No</span> </div>
<u>City</u>	<u>State</u>	<u>Zip</u>	
<u>Phone number where you can be reached:</u> <div style="display: flex; align-items: center; margin-top: 5px;"> <span style="font-size: 1.2em; margin-right: 10px;">(    )</span> <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em;"></div> </div>			

Information requested below for equal opportunity monitoring purposes.

<u>Birthdate:</u> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>			<u>Sex:</u> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Male</span> <span>Female</span> </div>	<u>US Citizen:</u> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Yes</span> <span>No</span> </div>	
<u>Do you require special accommodations due to a handicap?</u> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Yes</span> <span>No</span> </div>		<u>Have you ever been dismissed from any city or government position?</u> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Yes</span> <span>No</span> </div>	<u>Have you been convicted of a felony?</u> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Yes</span> <span>No</span> </div>		

## JOB TITLE

If you are applying for an advertised job vacancy, put only that job title on this application.

Do not submit without correct job titles; Do not request more than three.	Choice	Specific Job Title Sought	Salary Desired
	1 <sup>st</sup>		
	2 <sup>nd</sup>		
	3 <sup>rd</sup>		

Special skills and experience (check any that apply to you).

Dictaphone	Driver's License	Typing WPM _____	Bookkeeping
Keypunch	CDL License	POST Training	Work nights

## EDUCATION

Specific college hours must be listed in this section.

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12	High School Completed? Yes No		Vocational School		Area of Study	
Name and location of College attended:	Credit received: Quarter hours Semester hours		Field of Study: Major Hours		Type of Degree:	Date:

I certify that all information on this application and attached documents is correct. I authorize the City of Reidsville to verify this information and to release it to any other city that may consider me for employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## WORK HISTORY

*Describe your work history below, beginning with your current or most recent job, include military or volunteer experience.*

*If you worked for the same employer but at various times held different jobs, describe each separately. Describe in detail the specific duties beginning with your primary duties (Attach separate sheets if necessary.) Indicate the number and type of employees under your supervision. Emphasize work you feel relates to the job for which you are applying. Failure to give complete detailed information regarding each job held may result in your disqualification to be interviewed.*

[illegible]



# Reidsville Police Department

## Authorization and Release

Re Application of: \_\_\_\_\_

*Name of applicant or Registrant*

TO WHOM IT MAY CONCERN:

*Having filed an application with the City of Reidsville, I hereby authorize and request every person, official, representative of a firm, corporation, association, organization or institution (collectively the "Authorized Persons") having control of any documents, records or other information pertaining to me or relevant to my character and fitness, to furnish the originals or copies of any such documents, records and other information to the City of Reidsville or any of its representatives and to permit the City of Reidsville or any of its representatives to inspect and make copies of any such documents, records or other information.*

*I also authorize the National Personnel Records Center and any other agency in possession of military records regarding the undersigned to release any such records, including, but not limited to, records of release from the military service (including an undeleted copy of my DD form 214) to the City of Reidsville or to the City's authorized medical representative.*

*I hereby further authorized Persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the City of Reidsville or its authorized representative and to appear before the City Council or its authorized representative of the City of Reidsville and to give full and complete testimony concerning the undersigned, including any information furnished by the undersigned. I hereby relinquish any and all rights to receive said information furnished to the City or its authorized representative. I fully understand that I shall not be entitled to have disclosed to me contents of any of the foregoing.*

*I hereby release, exculpate and exonerate the National Personnel Records Center and all Authorized Persons that comply in good faith with the authorization and request made herein from any and all liability of every nature and kind growing out of or in any way pertaining to the furnishing or inspection of such documents, records and other information or the investigation made by the City of Reidsville.*

*I understand that this authorization and Release shall be effective until a decision is made upon my application. A copy of this Authorization and Release shall be as authentic as the original.*

STATE OF GEORGIA  
COUNTY OF TATTNALL

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_  
*Signature of Applicant or Registrant*

\_\_\_\_\_  
Signature and Seal of Notary Public

# Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize \_\_\_\_\_ to conduct an inquiry for 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)

<b>NON-CRIMINAL JUSTICE PURPOSES</b>	
<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)
<input type="checkbox"/>	F - Probate Court / Weapons Carry License
<b>PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)</b>	
<input type="checkbox"/>	U - Personal Copy
<b>CRIMINAL JUSTICE EMPLOYMENT</b>	
<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 \_\_\_\_\_

Revised October 2021

O.C.G.A. § 40-5-2(f)(4) authorizes local fire departments and law enforcement agencies access to Georgia driver's history records as part of an application for employment or any current employee for use relative to the performance of official duties with the local fire or law enforcement agency.

I hereby authorize the

\_\_\_\_\_  
List Name of Law Enforcement Agency/Fire Department

To receive a copy of my Georgia Driver's History record as part of my application for employment, or for use relative to the performance of my official duties with the agency.

Full Name (print)	
Address	
Sex	
Race	
Date of Birth	
Social Security Number	
Driver's License Number	

This authorization is valid for 90 days from the date of signature.

\_\_\_\_\_  
Signature Date

To be completed by CJIS network operator:

Date of Inquiry	
Time of Inquiry	
Operator's Initials	

Date Results Provided	
Person Results Provided to	

Georgia Driver's History Consent Form  
Revised 20200410