



## EDUCATIONAL BACKGROUND

### High School

Name of School : \_\_\_\_\_ Location : \_\_\_\_\_

Course of Study : \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Degree or Diploma : \_\_\_\_\_ Date : \_\_\_\_\_

If no, highest grade completed : \_\_\_\_\_

Do you have G.E.D.? \_\_\_\_\_ Location obtained : \_\_\_\_\_

### Technical/Vocational Training – other

Name of School : \_\_\_\_\_ Location : \_\_\_\_\_

Course of Study : \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Degree or Diploma : \_\_\_\_\_ Date : \_\_\_\_\_

### College

Name of School : \_\_\_\_\_ Location : \_\_\_\_\_

Course of Study : \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Degree or Diploma : \_\_\_\_\_ Date : \_\_\_\_\_

List any advanced degrees : \_\_\_\_\_

List any professional certifications or licenses you possess : \_\_\_\_\_

Continuing Education : \_\_\_\_\_

## PERSONAL REFERENCES

1. Name : \_\_\_\_\_ Years known : \_\_\_\_\_

Address : \_\_\_\_\_

Telephone # : ( \_\_\_\_\_ ) \_\_\_\_\_

2. Name : \_\_\_\_\_ Years known : \_\_\_\_\_

Address : \_\_\_\_\_

Telephone # : ( \_\_\_\_\_ ) \_\_\_\_\_

3. Name : \_\_\_\_\_ Years known : \_\_\_\_\_

Address : \_\_\_\_\_

Telephone # : ( \_\_\_\_\_ ) \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

List your most recent employer first. Place an X by the employer(s) you **DO NOT** want us to contact.

1. Employer : \_\_\_\_\_  
Address : \_\_\_\_\_  
Phone : ( \_\_\_\_\_ ) \_\_\_\_\_ Job Title : \_\_\_\_\_  
Supervisor's Name : \_\_\_\_\_ Dates Employed : from \_\_\_\_\_ to \_\_\_\_\_  
Hourly rate/salary: starting \_\_\_\_\_ final \_\_\_\_\_  
Work performed : \_\_\_\_\_  
Reason for leaving : \_\_\_\_\_

2. Employer : \_\_\_\_\_  
Address : \_\_\_\_\_  
Phone : ( \_\_\_\_\_ ) \_\_\_\_\_ Job Title : \_\_\_\_\_  
Supervisor's Name : \_\_\_\_\_ Dates Employed : from \_\_\_\_\_ to \_\_\_\_\_  
Hourly rate/salary: starting \_\_\_\_\_ final \_\_\_\_\_  
Work performed : \_\_\_\_\_  
Reason for leaving : \_\_\_\_\_

3. Employer : \_\_\_\_\_  
Address : \_\_\_\_\_  
Phone : ( \_\_\_\_\_ ) \_\_\_\_\_ Job Title : \_\_\_\_\_  
Supervisor's Name : \_\_\_\_\_ Dates Employed : from \_\_\_\_\_ to \_\_\_\_\_  
Hourly rate/salary: starting \_\_\_\_\_ final \_\_\_\_\_  
Work performed : \_\_\_\_\_  
Reason for leaving : \_\_\_\_\_

4. Employer : \_\_\_\_\_  
Address : \_\_\_\_\_  
Phone : ( \_\_\_\_\_ ) \_\_\_\_\_ Job Title : \_\_\_\_\_  
Supervisor's Name : \_\_\_\_\_ Dates Employed : from \_\_\_\_\_ to \_\_\_\_\_  
Hourly rate/salary: starting \_\_\_\_\_ final \_\_\_\_\_  
Work performed : \_\_\_\_\_  
Reason for leaving : \_\_\_\_\_

I authorize investigation of all statements contained in this application. I certify that all 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.

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 option or the company's.

Applicant's Signature : \_\_\_\_\_ Date : \_\_\_\_\_

# Consent Form

I hereby authorize \_\_\_\_\_  
to receive any Georgia 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 (print)

\_\_\_\_\_  
Maiden (or previously used name)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

**One of the following must be checked:**

- This authorization is valid for 90/180/\_\_\_\_ (circle one) days from date of signature.
- I, \_\_\_\_\_ give consent to the above  
named to perform periodic criminal history background checks for the duration of my  
employment with this company.

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date

**Motor Vehicle Record Consent Form**

In accordance with OCGA§40-5-2, I do hereby authorize the Human resources Department of Dalton Utilities to procure a copy of my driver's license history for employment.

Full Name (First, Middle, Maiden, Last)

Date of Birth

License Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Street Address

City, State, Zip Code

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

\_\_\_\_\_

Notary:

\_\_\_\_\_

Date

\_\_\_\_\_