



CITY OF PINE LAKE 425 ALLGOOD ROAD STONE MOUNTAIN, GA 30083 P. O. BOX 1325 PINE LAKE GA 30072 PHONE: (404) 999-4901 WWW.PINELAKEGA.NET

Application for Employment: City of Pine Lake An Equal Opportunity Employer Read below before continuing filling out the application

NOTE: The City Of Pine Lake is an Equal Opportunity Employer. The personal data requested below is used only to create an applicant database and is not used as a screening tool.

Personal Information

1 Last Name		First		Middle	
2. Address:Street Numbe	ar		Street		
Street Number	51		Sileet		
City		State		Zip Code	
3 Social Security Number	4	License Number	5	5Date of Birth	
6 Height Weight	7. Hair Eye	Color	8. Race	9.	
10. Are you a U.S. Citizen? ☐	Yes No 11. Do	you need accommo	odation in completing Ap	oplication?	
12. If applying for a <u>sworn</u> law	enforcement position you	u must be at least 2	21 years of age. Are	you at least 21 years of	
Age? 🗌 Yes 🗌 No	13. If not for a law	v enforcement posi	ition are you over 18	years old? 🗌 Yes 🗌 No	
14. How did you hear of this op	pening?	15. Dat	te available to begin v	vork?	
16. Have you ever worked for t	he City of Pine Lake Gov	ernment? Yes	No, When & V	Vhere?	
17. Give name, relationship an	d department of any relat	ives who are empl	loyed with the City of	Pine Lake Government.	
18. Are you willing to work nigh	nts days weekends and	holidays?	s □ No		

19.	Have you ever	been suspended,	dismissed or	asked to	resign fro	m any job?		Yes		No
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Education

20.							
_0.	Name of High School attended	City		Stat	e	Grad	luation Date
21.	Circle highest grade completed: 7 8	9 10 1	1 12				
22.	If, not a high school graduate, do you have	e a GED? 🗌	Yes 🗌 N	lo			
23.							
	If GED – Agency that awarded GED	City		State	Э	D	ate of GED
24.							
	Name of Technical School attended	City		Stat	e	Grad	luation Date
25.	Name of College or Universities attended	City	State	Semr. Hrs.	Qtr. Hrs	Major	Degree
		J.,		Earned	Earned		Earned
26.	Name of College or Universities attended						
	Name of College or Universities attended	City	State	Semr. Hrs. Earned	Qtr. Hrs Earned	Major	Degree Earned
27.							
21.	Name of College or Universities attended	City	State	Semr. Hrs.	Qtr. Hrs	Major	Degree
				Earned	Earned		Earned
	Special skills, qualifications, and certificati Machine operating skills) which relate to the				kills, and bus	iness equipr	ment or
30.	Please use this space below for additiona	l information p	ertinent to y	your education	i, training and	d experience	: :

Military Experience

31. If you do not have prio	r military experience check he	ere and go on to the next section	on.			
32. Military Branch:						
		(If discharge is other tha	an Honorable, attach explanation)			
34. Date of military service	e: From:	То:				
	Criminal a	nd Traffic History				
	Read below	v before continuing				
dangerous drugs or marijuanassault or murder are ineligib to provide all the information consideration for employmen with the disposition of each a placement on a dead docket, Act, and bond forfeiture.	a, or convicted of any felony invole for employment with the City of requested in this section will resit. Include in your answers bellow and every arrest and / or citation. nolle prosequi, finding or verdiction.	manufacture, distribution, trafficking, or olving a violent crime such as assault wolf Pine Lake. Such applicants shall be ult in the rejection of your application a reach and every arrest and / or citation Dispositions include, but are not specific of guilty, peas of nolo contendere, treather the answer is no, proceed to next see the such as the content of the such as the su	vith a deadly weapon, aggravated automatically rejected. The failure and bar you from further in that you have received, along fically limited to – dismissal, atment under the First Offender			
		affic citations should be listed in ne				
Charge	Location	Date	Disposition			
Charge	Location	Date	Disposition			
Charge	Location	Date	Disposition			
Charge	Location (Use addition	Date paper if necessary)	Disposition			
36. Have you ever receive	d a traffic citation? Yes	No {If the answer is no, proce	ed to next section.)			
Violation	Location	Date	Disposition			
Violation	Location	Date	Disposition			
Violation	Location	Date	Disposition			
Violation	Location (Use addition	Date paper if necessary)	Disposition			
	Contac	et information				
37. Home Telephone: (Best time to Call:				
38. Other Contact Number	: ()	Best time to Call:				

39.	E-Mail Address:		

Employment History Read below before continuing

40.

Describe your work history BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB. Include military, volunteer experience and periods of unemployment. Failure to give complete information regarding each job held will result in your disqualification. Complete addresses with zip code and phone numbers for all employers are necessary. A resume may be attached only as additional information and will not be accepted in lieu of completing this section.

Name of Organization or Firm		Telephone Number		Dates Employed	
		()		From Mo/Yr	To Mo/Yr
Address		,		Total Time Employed	
Street: C	Sity	State			
Official Job Title	Name of	Supervisor		Pay	
		·			
T r) Dosariba (Specific Job Duties:		Start:	End:
	Jescribe (specific Job Duties.			
	Specific R	eason for Leaving:			
Name of Committee on Firm		Talankana Nomban	, , , , , , , , , , , , , , , , , , ,	Beter Frontessed	
Name of Organization or Firm		Telephone Number		Dates Employed	
		()		From Mo/Yr	To Mo/Yr
Address				Total Time Employed	
Street: C	ity	State			
Official Job Title	Name of	Supervisor		Pay	
				Start	End.
	Describe S	Specific Job Duties:	<u> </u>	Start:	End:
-	30001180	poomo con Bunoc.			
	Specific R	eason for Leaving:			
Name of Organization or Firm		Telephone Number	1	Dates Employed	
Name of Organization of Firm		relephone Number		Dates Employed	
		()		From Mo/Yr	To Mo/Yr
Address				Total Time Employed	
Street: C Zip Code	ity	State			
Official Job Title	Name of	Supervisor		Pay	
				Start:	End:
	Describe S	Specific Job Duties:	1		

S	pecific Rea	son for Leavi	ng:		
Name of Organization or Firm		То	lephone Number	Dates Employed	
Name of Organization of Finn		10	repriorie Humber	Dates Employed	
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Address				Total Time Employ	/ed
Street: Cir	ty	State	Zip Code		
Official Job Title		Name of Supervi	sor	Pay	
				Start:	End:
Describe Specific Job Duties:	II.				
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Specific Reason for Leaving:					
	(Att	ach additional	sheets if necessa	ary)	
	(Att	ach additiona	sheets if necessa	ary)	
	(Att			ary)	
41.	(Att	Personal	References	ary)	
		Personal Read below b	References efore continuing		
Please provide at least three (3)		Personal Read below b	References efore continuing		latives employed by
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Please provide at least three (3) the City of Pine Lake.	personal re	Personal Read below b	References efore continuing are not former emp	oloyers, relatives or re	
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Contact Numbers:			
Home Phone: ()	Work Pone: ()	Other: ()
How Long have you known this person' How do you know this person?	ſ		
The way you know time person.			
(2)			
(At	tach additional		
please contact the City of Pine Lake Pre-E	mployment Mana ne your appointm	ing, or any pager's Office ent is sched	portion of the application or employment process, e. Any request for special accommodations duled. If any accommodation is requested, the
42.	Conse	nt Form	ı
(Voluntary – but			round investigation)
I do hereby authorize the review of and the of the City of Pine Lake Police Department		f all records	concerning myself to the duly authorized agent
including hospitals, clinics, private practiti employment records, including backgroun efficiency ratings, complaints or grievances	rds wherever filed oners, and the U. d reports, polygra s filed by or again	l; medical a S. Veteran's aph examina st me and tl	nd psychiatric treatment and / or consultation
or indirectly, in whole or part, upon this re consideration for employment with the Cit concerning me shall not be held accountable	lease authorization of Pine Lake. I content the for giving this is a result of furnish	on will be co certify that a information ling such in	any person(s) who may furnish such information n; and I do hereby release said person(s) from any formation. Further, a photocopy of this release
Applicant's Signature			Date Signed
Notary P	ublic (Seal, Signa	ature, and S	stamp Required)

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