

WALK IN EMPLOYMENT INQUIRY
CITY OF TEMPLE
TEMPLE, GEORGIA 30179

I UNDERSTAND THT THIS IS NOT AN EMPLOYMENT APPLICATION. THIS INQUIRY WILL, HOWEVER, BE REVIEWED, AND MY QUALIFICATIONS CONSIDERED FOR POSSIBLE JOB OPENINGS IN THE FUTURE. IF THE CITY FINDS MY QUALIFICATIONS AND EMPLOYMENT BACKGROUND MATCH A CURRENT OPENING, I WILL BE CONTACTED TO COMPLETE AN APPLICATION FOR EMPLOYEMENT.

THE INFORMATION BELOW IS NEEDED TO COMPLETE THIS REVIEW:
(PLEASE PRINT)

NAME: _____ DATE: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

HOME PHONE: _____ WORK/OTHER _____

POSITION SOUGHT: _____ DESIRED WAGE: _____

TYPE OF EMPLOYMENT AVAILABLE FOR:

FULL TIME: _____ HOURS/SHIFT AVAILABLE: _____

DAYS AVAILABLE: _____

EMPLOYMENT EXPERIENCE

PRESENT OR MOST RECENT
EXPERIENCE: _____

DATES EMPLOYED: _____ TO _____ WAGE _____

REASON FOR LEAVING: _____

DESCRIBE YOUR PRIMARY DUTIES: _____

EDUCATION

GED ___ HIGH SCHOOL _____

NAME/ADDRESS: _____

GRADUATION DATE: _____

_____ COLLEGE/VOCATIONAL SCHOOL
NAME/ADDRESS _____

GRADUATION DATE: _____ HOURS _____ MAJOR _____

DEGREE: _____

LIST ANY PROFESSIONAL TECHNICAL OR OTHER TRAINING RELATIVE
TO THE TYPE OF EMPLOYMENT SOUGHT:

ALL INDIVIDUALS CONSIDERED FOR EMPLOYMENT ARE EVALUATED
WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL
ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-
JOB RELATED DISABILITY OR ANY OTHER LEGALLY PROTECTED STATUS.

DATE: _____ SIGNATURE: _____

PERSONAL HISTORY RELEASE
CITY OF TEMPLE

I DO HEREBY AUTHORIZE A REVIEW OF AND A FULL DISCLOSURE OF ALL RECORDS CONCERNING MYSELF TO THE DULY AUTHORIZED AGENT OF THE TEMPLE POLICE DEPARTMENT.

THE INTENT OF THIS AUTHOURIZAION IS TO GIVE MY CONSENT FOR FULL AND COMPLETE DISCLOSURE OF THE RECOUDS OF EDUCATIONAL INSTITUTIONS, FINANCIAL STATEMENTS, AND RECORDS WHEREVER FILED, MEDICAL AND PSYCHIATRIC TREATMENT, AND/OR CONSULTATION INCLUDING HOSPITALS, CLINICS, PRIVATE PRACTITIONERS, AND THE U.S. VETERAN'S ADMINISTRATION, EMPLOYMENT AND PRE-EMPLOYMENT RECORDS, INCLUDING BACKGROUND REPORTS, EFFICIENCY RATINGS, COMPLAINTS OR GRIEVANCES FILED BY OR AGAINST ME, AND THE RECORDS AND RECOLLECTIONS OF ATTORNEYS-AT-LAW, OR OF OTHER COUNSEL, WHETHER REPRESENTING ME OF ANOTHER PERSON IN ANY CASE, EITHER CRIMINAL OR CIVIL, IN WHICH I PRESENTLY HAVE OR HAVE HAD AN INTEREST.

I UNDERSTAND THAT ANY INFORMATION OBTAINED BY A PERSONAL HISTORY BACKGROUND INVESTIGATION WHICH IS DEVELOPED DIRECTLY OR INDIRECTLY IN WHOLE OR IN PART PON THIS RELEASE AUTHORIZATION WILL BE CONSIDERED IN COMPILING ANY REPORT FOR THE TEMPLE PLLICE DEPARTMENT. I CERTIFY THAT ANY PERSON(S) WHO MAY FURNISH SUCH INFORMATION CONCERNING ME SHALL NOT BE HELD ACCOUNTALBEL FOR GIVING THIS INFORMATION, AND I DO HEREBY RELEASE SAID KPERSON FROM ANY AND ALL LIABILITY WHICH MAY BE INCURRED AS A RESULT OF FURNISHING SUCH INFORMATION.

A PHOTOCOPY OF THIS RELEASE WILL BE AS VALID AS AN ORIGINAL THEREOF EVEN THOUGH THE SAID PHOTOCOPY DOES NTO CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

I UNDERSTAND THAT THIS INFORMATION MAY BE OBTAINED THROUGH THE USE OF THIS WAIVER FOR PRE-EMPLOYMENT BACKGROUND AND AT ANY TIME DURING WHICH MY EMPLOYMENT IS MAINTAINED WITH THE TEMPLE POLICE DEPARTMENT.

PRINTED NAME

SIGNATURE

ADDRESS: _____

CITY/STATE/ZIP: _____

SS# _____ DATE OF BIRTH _____

THIS _____ DAY OF _____

NOTARY PUBLIC _____

THIS FORM MUST BE SEPARATE FROM THE EMPLOYMENT APPLICATION FORM BEFORE IT IS SEEN BY ANY PERSON OR PERSONS MAKING THE HIRING DECISION. IT MUST BE KEPT IN A SEPARATE FILE AND USED FOR STATISTICAL PURPOSES

APPLICANT DATA RECORD

APPLICANTS ARE CONSIDERED FOR SPECIFIC POSITION APPLIED FOR AND EMPLOYEES TREATED DURING THEIR EMPLOYMENT WITHOUT REGARD TO THEIR RACE, COLOR, CREED, RELIGION, SEX, NATIONAL ORIGIN, AGE MARITAL STATUS, SEXUAL ORIENTATION, MILITARY/VETERAN STATUS, OR ANY ON JOB RELATED DISABILITY OR MEDICAL CONDITION.

AS AN EMPLOYER TAKING AFFIRMATIVE ACTION TO ENSURE THE REMOVAL OF POSSIBLE PAST DISCRIMINATION AND TO HELP COMPLY WITH GOVERNMENTAL RECORD KEEPING REQUIREMENTS, WE WOULD APPRECIATE YOUR COMPLETING THIS FORM. HOWEVER, COMPLETION OF THIS FORM IS STRICTLY VOLUNTARY. THIS DATA WILL BE KEPT IN A CONFIDENTIAL FILE, SEPARATE FROM YOUR APPLICATION FOR EMPLOYMENT.

NAME _____

POSITION APPLIED FOR _____ -

THE FOLLOWING INFORMATION IS NECESSARY FOR THE COMPLETION OF THE REQUIRED PERSONAL HISTORY BACKGROUND INVESTIGATION:

ALL OTHER NAMES EVER USED, INCLUDING NICKNAMES:

AGE _____ DATE OF BIRTH _____ PLACE OF BIRTH _____
SEX _____ RACE _____ HEIGHT _____ WEIGHT _____

PERSONAL DATA

CHECK ONE _____ MALE _____ FEMALE

CHECK ONE _____ WHITE _____ BLACK _____ HISPANIC
_____ ASIAN/PACIFIC ILANDER _____ AMERICAN INDIAN/ALASKAN NATIVE

CHECK ANY THAT APPLY _____ VIETNAM ERA VETERAN

_____ DISABLED VETERAN _____ HANDICAPPED PERSON

