

STANDARD POSITION 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.

Daytime Telephone Number	E-mai	il Address				
Last Name	First N	First Name Middle				
Street or Mailing Address	l .		Apartment No.			
City	State	Zip Code	County			
To be employed by the State of G These include (but are not limited previously employed by the State, Please answer the following quest	to) United States citizenship cand no disqualifying criminal co	or authorization to work in th	nt eligibility requirements. is country, positive rehire status if			
1. Are you 18 years of age or older?	2. Are you a current State Georgia employee?					
□ Yes □ No	□ Yes □ No	No □ Yes □ No				
TYPE OF WORK:						
Specific Job Title	Requisition ID Number					
SOURCE:						
Please indicate how you heard a	bout this job:					
 □ Agency Website □ Broadcast □ Career Fair □ Direct Mail □ Job Board □ Magazines & Trade Publications □ Newspapers 	 □ Professional Associations □ Referral □ Social Network Service □ Talent Exchange □ Team Georgia Careers s □ University/Campus Recruiting □ Unsolicited □ Other 					

(DOAS 27-2) Rev. 05-2015



STANDARD POSITION APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

EDUCATION:								
High School Graduate or E	equivalent (GED)?	□Yes	□No					
College/Technical School?)				D			
☐ College ☐ Technical	School				Progra	ım		
Name of Institution	City/State		Education Level (Achieved)	Major		Hours	Minor	Hours
LICENSES AND CERTIFICA	ATIONS:		1		1			
Type of License/Certificat	te		License/Certificate N	lumber	Expira (Mo/Y	ntion r.)	Specializat Endorsem	
WORK HISTORY:								
			current or most recent jo					
	space, print out the si resume to suppleme		rk history page and attactory information.	ch to the	applicati	on.		
Current or Last		F	unction					
Employer								
Start Date		E	ind Date					
Supervisor's Name		S	Supervisor's Title					
Supervisor's Phone Number		N	lay We Contact the Su	perviso	r? 🗆	Yes	□ No	
Achievements								
Acinevements								

2



STANDARD POSITION APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Employer	Function		
Start Date	End Date		
Supervisor's Name	Supervisor's Title		
Supervisor's Phone Number	May We Contact the Supervisor? ☐ Yes ☐ No		
Achievements			
Employer	Function		
Start Date	End Date		
Supervisor's Name	Supervisor's Title		
Supervisor's Phone Number	May We Contact the Supervisor? ☐ Yes ☐ No		
Achievements			
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:			



STANDARD POSITION APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

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 federal 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 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				
you believe you belong to any of the categories of veteral	reference to veterans in certain initial employment decisions. If ns listed below and have not been dishonorably discharged, D214 and/or other supporting documents will be required.			
	□ Disabled Veteran (at least 10% disability)□ Deceased Veteran's Widow/Widower			
For Agency Use:				

(DOAS 27-2) Rev. 05-2015 4