

SENSITIVE 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-mail Address	
Last Name	First Name	Middle
Street or Mailing Address		Apartment No.
City	State Zip Code	County

EMPLOYMENT ELIGIBILITY:

- To be employed by the State of Georgia, you must meet certain State and Federal employment eligibility requirements.
- These include (but are not limited to) United States citizenship or authorization to work in this country, positive rehire status if previously employed by the State, and no disqualifying criminal convictions (for some jobs).
- Please answer the following questions.

1. Are you 18 years of age or older?	2. Are you a current State of Georgia employee?	3. Have you been dismissed from a State of Georgia government position?	4. Have you ever been convicted of a felony?
🗆 Yes 🛛 No	□ Yes □ No	🗆 Yes 🛛 No	🗆 Yes 🛛 No

TYPE OF WORK:

Specific Job Title Sought	Requisition ID

SOURCE:

Please indicate how you heard about this job:		
Agency Website	□ Other	
□ Broadcast	Professional Associations	
Career Fair	Referral	
Direct Mail	Social Network Service	
□ Job Board	Talent Exchange	
Magazines & Trade Publications	Team Georgia Careers	
Newspapers	University/Campus Recruiting	
	Unsolicited	



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EDUCATION: High School Graduate or Equivalent (GED)? Yes DNo College/Technical School Program Institution City/State Education Level Major Hours Minor Hours (Achieved) Hours Minor Hours

LICENSES AND CERTIFICATIONS:

Type of License/Certificate	License/Certificate Number	Expiration (Mo/Yr.)	Specialization/ Endorsements

WORK HISTORY:

- Describe your work history below beginning with your current or most recent job.
- If you need more space, print out the supplemental work history page and attach to the application.
- You may attach a resume to supplement your work history information.

Current or Last Employer	Function
Start Date	End Date
Supervisor's Name	Supervisor's Title
Supervisor's Phone Number	May We Contact the Supervisor?
Achievements	



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Employer	Function
Start Date	End Date
Supervisor's Name	Supervisor's Title
Supervisor's Phone Number	May We Contact the Supervisor?
Achievements	

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Start Date	End Date
Supervisor's Name	Supervisor's Title
Supervisor's Phone Number	May We Contact the Supervisor?
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:



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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 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 be 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		
The laws of the State of Georgia afford some degree of preference to veterans in certain initial employment decisions. If you believe you belong to any of the categories of veterans listed below and have not been dishonorably discharged, please indicate by checking the appropriate box below. DD214 and/or other supporting documents will be required.		
 US Armed Forces Veteran Disabled Veteran's Spouse 	 Disabled Veteran (at least 10% disability) Deceased Veteran's Widow/Widower 	
For Agency Use:		