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**CLEVELAND POLICE DEPARTMENT**  
**Employment Application**

**Applicant's Name:** \_\_\_\_\_

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

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Position Applied For:** \_\_\_\_\_

**Application Date:** \_\_\_\_\_

<b>Name</b>					
<b>Last</b>		<b>First</b>		<b>Middle Initial</b>	
<b>Address:</b>					
<b>Street</b>		<b>City</b>		<b>State and Zip</b>	
<b>Phone# Day</b>		<b>Phone# Evening</b>		<b>E-Mail Address</b>	
<b>Position Applied for Please list One position</b>		<b>Are you willing to work Shift work Yes No</b>			
<b>Position Name: _____</b>		<b>Full Time Part Time Date Available: _____</b>			
<b>Are you at least 18 years of age?</b>		<b>Are you able to perform all the duties listed in the job announcement?</b>			
<b>Yes No</b>		<b>Yes No</b>			
<b>If you answered No concerning the job duties, please explain: Use an attached sheet of paper for your answer.</b>					
<b>Are you a high school graduate? Yes No If no do you have a GED Yes No</b>					
<b>Name of High School: _____ Location: _____</b>					
<b>College or University</b>	<b>Major</b>	<b>Hours Earned Quarter</b>	<b>Hours Earned Semester</b>	<b>Completed</b>	<b>Type Degree</b>
				1 2 3 4	
				1 2 3 4	
				1 2 3 4	

Will you accept the approved starting pay for the position you have applied? Yes No

Are you related to anyone currently employed by the Cleveland Police Department Yes No

Name of Relative, Relationship, and Department:

Can you submit legal verification of your right to work in the United States? Yes No

How did you learn of this employment opportunity?

Employment Board TV Career Fair \_\_\_\_\_

Internet Newspaper Referral \_\_\_\_\_

In accordance with the immigration reform and control act of 1986, proof of authorization to be employed in the United States will be required of all prospective employees.

Have you ever been convicted of or pleaded guilty or nolo to a felony or misdemeanor, other than a minor traffic violation?

If yes, When \_\_\_\_\_ Where \_\_\_\_\_

For What: \_\_\_\_\_

Conviction or a crime will not necessarily disqualify you from employment.

Active Military Service ( list date, serial or service number for all active service ) Must provide copy of DD 214  
From: \_\_\_\_\_ To: \_\_\_\_\_ Serial or Service Number \_\_\_\_\_ Branch \_\_\_\_\_

Type of Discharge received: Honorable Discharge General Discharge Dishonorable Discharge

City of Cleveland is an Equal Opportunity Employer

Describe your work history beginning with you current or most recent job. Include military and /or volunteer experience. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes 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. LIST ALL JOBS HELD!

May we contact your current employer? Yes No

Organization / Firm		Street Address	City	State	Zip
From Mo/Yr	To Mo/Yr	Telephone	Supervisor's Name, Title and Phone Number		
Starting Salary	Leaving Salary	Reason for Leaving			

Official Job Title: \_\_\_\_\_ Full-time Part-time Seasonal/Temp. Volunteer

Describe Specific Job Duties

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<b>Organization / Firm</b>	<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>From Mo/Yr</b>	<b>To Mo/Yr</b>	<b>Telephone</b>	<b>Supervisor's Name, Title, and Phone Number</b>	
<b>Starting Salary</b>	<b>Leaving Salary</b>	<b>Reason for Leaving</b>		
<b>Official Job Title:</b> _____ <b>Full-time</b> <b>Part-time</b> <b>Seasonal/Temp.</b> <b>Volunteer</b>				
<b>Describe Specific Job Duties:</b>				
<b>Organization / Firm</b>	<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>From Mo/Yr</b>	<b>To Mo/Yr</b>	<b>Telephone</b>	<b>Supervisor's Name, Title, and Phone Number</b>	
<b>Starting Salary</b>	<b>Leaving Salary</b>	<b>Reason for Leaving</b>		
<b>Official Job Title:</b> _____ <b>Full-time</b> <b>Part-time</b> <b>Seasonal/Temp.</b> <b>Volunteer</b>				
<b>Describe Specific Job Duties:</b>				
<b>Organization / Firm</b>	<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>From Mo/Yr</b>	<b>To Mo/Yr</b>	<b>Telephone</b>	<b>Supervisor's Name, Title, and Phone Number</b>	
<b>Starting Salary</b>	<b>Leaving Salary</b>	<b>Reason for Leaving</b>		
<b>Official Job Title:</b> _____ <b>Full-time</b> <b>Part-time</b> <b>Seasonal/Temp.</b> <b>Volunteer</b>				
<b>Describe Specific Job Duties:</b>				

**City of Cleveland is an Equal Opportunity Employer**

List all states where you have had a driver's license:


Do you have a valid drivers License?	Which State	Drivers License Number	Class	Date Expires
--------------------------------------	-------------	------------------------	-------	--------------

Yes No

Have you incurred any traffic charges with the last (7) seven years? Yes No

If Yes, Give date(s) and types of charges: \_\_\_\_\_

Has your License ever been suspended or revoked? Yes No

If Yes, Give reason:

What special skills, qualifications, certification, or licenses have you gained from former employers or other experiences, which relate to the type of work for which you are applying?

**LIST CERTIFICATIONS OR LICENSES**

Please answer the following when applying for a Public Safety Position

Are you a Citizen of the United States? Yes No

Are you at least 21 years old? Yes No

The City of Cleveland is an Equal Opportunity Employer

**The City of Cleveland is an Equal Opportunity Employer**

**I certify that the information given in this application is true and complete to the best of my knowledge. I understand that this application is not a contract of employment. I further understand that should employment be offered it shall be contingent upon successful completion of a City sponsored drug test and background check conducted by the Cleveland Police Department or assigned agent. I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered. I give the employer the right to contact and obtain information from all references, employers, educational institutions and to verify the accuracy of the information contained in this application. I hereby release from liability the employer and his representation for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information. The employer does not unlawfully discriminate in employment on a basis prohibited by local, state, or federal law. I understand that it is the City of Cleveland Policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.**

**By signing this application, I hereby acknowledge that I understand and agree to all provisions outlined herein.**

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

**The City of Cleveland does not discriminate on the basis of race, color, national origin, Sex, religion, age, or disability in employment or the provision of services.**

**THE FOLLOWING INFORMATION MUST BE  
SUBMITTED ALONG WITH A COMPLETED  
CLEVELAND POLICE DEPARTMENT APPLICATION**

Note: When completing your application, legibly print all of the information.

**Attach a copy of your birth certificate. A copy of your passport is also acceptable.**

**Attach a copy of your high school diploma or GED certificate. If you are a college graduate, a copy of your college diploma is acceptable.**

**Attach a copy of you DDF 214, if you served in the Armed Forces.**

**Attach a copy of your P.O.S.T. Mandate Certification (only if you are a certified peace officer).**

**Attach a ten (10) year work history, including supervisor's name, work dates, complete addresses and telephone numbers. If you have law enforcement experience that precedes the 10-year time frame, please include that also,**

**The enclosed waiver form signed and notarized.**

**Attach a legible copy of your valid driver's license.**

**If you lived in a different stated during the past seven years, please be sure to include your driver's history from that state.**

**List five (5) personal references, including complete addresses and telephone numbers. Do not list family members.**

**NOTE: It is your responsibility to accurately and fully complete your application. Any application not completed correctly may be rejected. All personal documents submitted with your application become the property of the Cleveland Police Department and may not be returned. Always submit photocopies of original documents.**



## **AFFIDAVIT OF APPLICATION**

As the Applicant, I state that I understand and/or certify the following:

**That if I do not wish to answer a question in the application process, I may do so, however, my application will not be processed.**

**Exclusive of the aforementioned statement, all information that is recorded in the application process will be used only in relation to consideration of qualification of my knowledge and belief.**

**That I have read and understand all questions and instructions in this application and that my answers during the application process are true and complete to the best of my knowledge and belief.**

**That truthful and complete responses in the application process are required.**

**That discovery of intentional omissions or incorrect answers may be a basis for the termination of the application process, and may result in criminal prosecution for the offense of false statements under Georgia Code Section 16-10-20, a felony punishable by a maximum fine of \$1,000.00 or imprisonment for not less than One (1) or more than five (5) years, or both; or for the offense of False Swearing under Georgia Code Section 16-10-7, a felony punishable by a maximum fine of \$1,000.00 or imprisonment for not less than One (10) or more than Five (5) years, or both.**

**That falsification during the application process by an individual hired may result in termination of employment with this agency.**

**That the Cleveland Police Department operates within the scope of Standard Operation Procedures (SOP) Manual and if an offer of employment is made and accepted, the applicant agrees to work in accordance with the policies and procedures of these manuals.**

**That all information provided will be verified by either interview, testing, psychological testing, physical agility testing, medical examination, drug screening, polygraph examination and/or computer verification of driver's/criminal history and driver's license status.**

**I understand that if offered employment, my probation period will be 6 months. In the event I achieve agency work performance standards within the probationary period, I will be classified as a regular employee. I also understand as a regular employee, should my work performance fall below agency standards, that I may be terminated. I further understand that if I am terminated, I must return all property issued to me by the Cleveland Police Department, or make suitable restitution for same.**

**that I may be terminated for any good and sufficient cause; to include, but not limited to criminal activity or violation of the Police Department policies and procedures. I understand that I have appeal rights as provided for in the City of Cleveland Personnel manual.**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**Before me personally appeared the above said person who states that he/she executed the above Affidavit of his/her own free will and accord, with full knowledge and understanding of the purpose therefore.**

**Sworn to and subscribed before me, this \_\_\_\_\_ day  
of \_\_\_\_\_ 20 \_\_\_\_.**

\_\_\_\_\_  
**Notary Public's Signature**

**Place Commission Information and Seal:**

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION AND CRIMINAL HISTORY  
RECORD INFORMATION**

I, the undersigned, do hereby authorize the procurement, review and disclosure of all records concerning myself to any duly authorized officers or agents of the Cleveland Police Department, whether said records are of public, private, or confidential nature.

The intent of this authorization is to demonstrate my unconditional consent for the full and complete disclosure of records from educational institutions; financial or credit agencies (including credit reports and/or ratings); and other financial statements wherever filed; medical and psychiatric treatment and/or consultation; including hospital, clinics, private practitioners, and the United States Veterans Administration; employment and pre-employment records, including internal investigations, reports, background reports, polygraph exam results, efficiency or fit-for-duty reports, complaints. Or grievances filed by or against me, and the records of my attorney(s) at law or other counsel (either criminal or civil) other document or article of information deemed pertinent by the Cleveland Police Department for the purposes of assessing the employment suitability of:

NAME OF APPLICANT (please print): \_\_\_\_\_

I understand that any information obtained by a personal history background investigation, which is prepared in reliance – in whole or in part – upon this release will be considered in determining my suitability for employment with the Cleveland Police Department. I also certify that any person(s) or entities who may furnish information concerning me shall not be held accountable or liable for giving such information; and I hereby specifically release such person(s) or entities from any and all liability which may or could be incurred as a result of furnishing such information. I also release the City of Cleveland and Cleveland Police Department from any liability associated with the requesting and/or procuring of such information.

I hereby authorize the Cleveland Police Department to receive any criminal history record information and driver's history information pertaining to me or my spouse (if applicable) which may be in the files of any criminal justice agency. A photocopy of the release form will be valid as an original thereof even though said photocopy does not contain any original writing of my signature.

APPLICANT'S SIGNATURE: (if applicable) \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT'S SPOUSE NAME (please print) \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sworn and subscribed in my presence, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC'S SIGNATURE  
(Seal)

# **SUBSTANCE ABUSE TESTING NOTICE**

## AUTHORIZATION AND RELEASE FOR CLEVELAND POLICE DEPARTMENT

### **EMPLOYMENT APPLICANT**

I hereby acknowledge that I have applied for employment with the City of Cleveland, Georgia, and I have been informed a substance abuse test is required for this employment.

I agree to provide all necessary samples of body fluid and to otherwise cooperate in all respects with the collection and testing procedures.

I authorize the city physician or other entities performing or assisting in the testing procedure to release the results of any substance abuse test to the Cleveland Police Department and to any authorized City of Cleveland municipality.

I authorize the Cleveland Police Department and any authorized City of Cleveland municipality to receive and review the results of any substance abuse test.

I realize that failure to appear at the designated time or failure to take the test or cooperate with the testing or collection procedure will disqualify me from further consideration for employment with the Cleveland Police Department.

**I HAVE CAREFULLY READ (OR HAD READ TO ME) AND UNDERSTAND THIS DOCUMENT.**

---

Signature of applicant

---

Printed Name of Applicant

---

Date

---

Social Security Number

---

Witness

## PERSONAL REFERENCES

NAME: \_\_\_\_\_

WORK# \_\_\_\_\_ HOME # \_\_\_\_\_

YEARS KNOWN \_\_\_\_\_

OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME: \_\_\_\_\_

WORK# \_\_\_\_\_ HOME # \_\_\_\_\_

YEARS KNOWN \_\_\_\_\_

OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME: \_\_\_\_\_

WORK# \_\_\_\_\_ HOME # \_\_\_\_\_

YEARS KNOWN \_\_\_\_\_

OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## PERSONAL REFERENCES Cont.

NAME: \_\_\_\_\_

WORK# \_\_\_\_\_ HOME # \_\_\_\_\_

YEARS KNOWN \_\_\_\_\_

OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME: \_\_\_\_\_

WORK# \_\_\_\_\_ HOME # \_\_\_\_\_

YEARS KNOWN \_\_\_\_\_

OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME: \_\_\_\_\_

WORK# \_\_\_\_\_ HOME # \_\_\_\_\_

YEARS KNOWN \_\_\_\_\_

OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## **BACKGROUND QUESTIONNAIRE**

1. Do you have a valid driver's license? \_\_\_\_\_ If no, Explain: \_\_\_\_\_  
\_\_\_\_\_
2. Has your driver's license ever been suspended for any reason? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
Provide location & date: \_\_\_\_\_
3. Have you ever been convicted or pled NOLO to D.U.I.? \_\_\_\_\_ If yes, explain.  
Provide location and date. \_\_\_\_\_  
\_\_\_\_\_  
Have you ever been convicted or pled NOLO to a misdemeanor offense? \_\_\_\_\_  
If yes, provide location and date: \_\_\_\_\_  
\_\_\_\_\_
5. Have you ever been convicted or pled NOLO to a felony offense? \_\_\_\_\_ If yes, explain.  
Provide location and date. \_\_\_\_\_
6. Are you a U.S. military veteran? \_\_\_\_\_ If yes, provide a copy of your DDF 214.  
While in the military were you subject to punishment under the U.C.M.J.? \_\_\_\_\_  
If yes, explain \_\_\_\_\_
7. Have you ever been suspended, terminated or forced to resign in lieu of termination from any place or employment? \_\_\_\_\_ If yes, explain. Provide date and employer's name.  
\_\_\_\_\_  
\_\_\_\_\_
8. At this time do you have any criminal charges pending against you, including but not limited to traffic citations or domestic violence? \_\_\_\_\_ If yes, explain. Provide a full explanation, including date and law enforcement agency. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Have you ever been convicted or pled NOLO under the First Offenders Act? \_\_\_\_\_  
If yes, explain. Provide complete details including location and date. \_\_\_\_\_  
\_\_\_\_\_
10. Have you ever been involved in the SALE., DISTRIBUTION OR MANUFACTURING of ANY illegal drugs? \_\_\_\_\_ If yes, explain. Provide date, time, your age at the time and location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Have you ever used an illegal drug, to include but not limited to, Marijuana, Cocaine, Heroin, Angel dust, PCP, LSD, Acid or any other Hallucinogenic such as Crack, Crank, Opium, Quaaludes, Speed, Mushrooms or Peyote, Ecstasy or MDMA, Ice, Hashish, Steroids, Crystal Methadone, Morphine, Valium, or any other illegal or controlled substance not mentioned above?

\_\_\_\_\_ If yes, furnish complete details below:

DRUG USED:	DATE FIRST USED:	DATE LAST USED	NUMBER OF TIMES USED:
------------	------------------	----------------	-----------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Will you accept shiftwork? Circle One:                    YES    NO

Answering yes or no to any of the above mentioned questions will not necessarily result in your disqualification from the hiring process. However, any intentional omissions or dishonesty in any documents submitted as part of your application or during any part of the hiring process will serve as justification for immediate removal from further consideration.

13. The following question applies only to persons who are currently or have in the past been employed by a law enforcement agency:

Were you ever the subject of an internal affairs investigation? \_\_\_\_\_ If yes, explain below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## PLACES OF RESIDENCES

LIST ALL ADDRESSES THAT YOU HAVE LIVED FOR THE PAST 15 YEARS.

\_\_\_\_\_ TO \_\_\_\_\_

No. Street	Apt. No./Lot No.	City	State
------------	------------------	------	-------

Landlord / Mortgage Co.	Address	City	State	Zip
-------------------------	---------	------	-------	-----

\_\_\_\_\_ TO \_\_\_\_\_

No. Street	Apt. No./Lot No.	City	State
------------	------------------	------	-------

Landlord / Mortgage Co.	Address	City	State	Zip
-------------------------	---------	------	-------	-----

\_\_\_\_\_ TO \_\_\_\_\_

No. Street	Apt. No./Lot No.	City	State
------------	------------------	------	-------

Landlord / Mortgage Co.	Address	City	State	Zip
-------------------------	---------	------	-------	-----

\_\_\_\_\_ TO \_\_\_\_\_

No. Street	Apt. No./Lot No.	City	State
------------	------------------	------	-------

Landlord / Mortgage Co.	Address	City	State	Zip
-------------------------	---------	------	-------	-----

**PLACES OF RESIDENCEES Cont.**

\_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_  
No. Street                      Apt. No./Lot No.                      City                      State

\_\_\_\_\_  
Landlord / Mortgage Co.                      Address                      City                      State      Zip

\_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_  
No. Street                      Apt. No./Lot No.                      City                      State

\_\_\_\_\_  
Landlord / Mortgage Co.                      Address                      City                      State      Zip

\_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_  
No. Street                      Apt. No./Lot No.                      City                      State

\_\_\_\_\_  
Landlord / Mortgage Co.                      Address                      City                      State      Zip

*NOTE:*

*ATTACH ADDITIONAL PAGES IF NEEDED*





# CITY OF CLEVELAND EMPLOYMENT APPLICATION\*

**Human Resource Department**  
85 South Main Street, Cleveland, GA 30528  
Telephone 706-865-2017 / Fax 706-219-3220

Active for 90 days unless otherwise notified

Date Applied: \_\_\_\_\_

**NOTE: All fields must be answered *fully* in order to be considered for employment. Please ask for assistance if any portion of the application is unclear. All candidates will be required to pass a pre-employment drug test.**

LAST NAME	FIRST	MIDDLE	STREET ADDRESS	CITY	STATE	ZIP
PHONE NO	CELL NO. (OPTIONAL)	SOCIAL SECURITY NO.	E-MAIL (IF AVAILABLE)		YRS AT ABOVE ADDRESS	
NAME OF JOB APPLYING FOR:						
ARE YOU AVAILABLE TO WORK ANY TIME OF DAY			<input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU AVAILABLE TO WORK ANY TIME OF THE WEEK			<input type="checkbox"/> YES <input type="checkbox"/> NO			
FORMER CITY EMPLOYEE	Department/Division		Job Title & Duties		From	To
<input type="checkbox"/> Yes <input type="checkbox"/> No						
HOW DID YOU LEARN OF THE AVAILABLE POSITION? <input type="checkbox"/> Walk-In <input type="checkbox"/> Newspaper <input type="checkbox"/> Other; explain _____						
PLEASE CHECK:						
RELATIVES WORKING FOR CITY OF CLEVELAND - NAMES AND RELATIONSHIP (Past or Present Employees or Elected Officials)						
ARE YOU A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO BE EMPLOYED IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No						
LIST LICENSES/CERTIFICATES RELATED TO THE POSITION APPLIED FOR:						
HAVE YOU EVER BEEN CONVICTED FOR VIOLATING ANY LAW? <input type="checkbox"/> YES <input type="checkbox"/> NO A YES WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT. IF YES, PLEASE EXPLAIN: _____						
MUST POSSESS A VALID DRIVER'S LICENSE: PLEASE COMPLETE THE FOLLOWING:						
POSSESS A VALID DRIVERS LICENSE	GOOD DRIVING RECORD	DRIVERS LICENSE NUMBER	DRIVERS LICENSE CLASS/ENDORSEMENTS			
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO					

### U.S. MILITARY HISTORY

BRANCH	DATE ENTERED	DATE DISCHARGED	TYPE OF DISCHARGE	HIGHEST RANK ATTAINED AND UNIT

INDICATE SPECIFIC SKILLS ACQUIRED IN THE U.S. ARMED FORCES

### EDUCATIONAL HISTORY

SCHOOL NAME AND LOCATION	FROM	TO	LAST GRADE COMPLETED DIPLOMA/DEGREE	COURSE OF STUDY
HIGH SCHOOL				
TRADE (OR APPRENTICE) SCHOOL				
COLLEGE OR BUSINESS SCHOOL				
OTHER				

\* The City of Cleveland is an equal opportunity employer and provides fair and equal employment opportunities to all applicants for employment and employees without regard to race, color, religion, natural origin, age, sex, disability, veteran's status, or political affiliation.

**PLEASE COMPLETE BOTH SIDES AND ANSWER ALL QUESTIONS.**

**ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED.**

USE THIS SPACE FOR COMMENTS ABOUT YOUR SPECIAL ABILITIES (I.E., APPRENTICESHIPS, TOOLS, CERTIFICATIONS, EXPERIENCE, ETC.)

**NOTE: City of Cleveland will conduct an extensive background check including contacting past employers, schools attended, criminal history, and possibly a credit history. Please note any employers you do not want contacted.**

EMPLOYMENT HISTORY (PLEASE COVER EMPLOYMENT HISTORY FOR PAST TEN YEARS, INCLUDING MILITARY, IF APPLICABLE). USE ATTACHMENT IF NECESSARY					
(1) NAME OF EMPLOYER (2) ADDRESS OF EMPLOYER (3) PHONE NUMBER	FROM MO/YEAR	TO MO/YEAR	WAGE RATE START/FINISH	JOB TITLE & DUTIES	REASON FOR LEAVING SUPERVISOR'S NAME
Name: ----- Address: ----- Phone ( )					-----
Name: ----- Address: ----- Phone ( )					-----
Name: ----- Address: ----- Phone ( )					-----
Name: ----- Address: ----- Phone ( )					-----
Name: ----- Address: ----- Phone ( )					-----

**PLEASE COMPLETE ALL AREAS ABOVE WHETHER OR NOT A RESUME IS ATTACHED**  
**REFERENCES WE MAY CONTACT (INCLUDE AT LEAST TWO MOST RECENT OR CURRENT SUPERVISORS)**

NAME	NAME
ADDRESS	ADDRESS
OCCUPATION	OCCUPATION
PHONE	PHONE
NAME	NAME
ADDRESS	ADDRESS
OCCUPATION	OCCUPATION
PHONE	PHONE

**PLEASE READ THIS IMPORTANT INFORMATION BELOW. ASK FOR CLARIFICATION IF NEEDED.**

The undersigned has applied for employment with the City of Cleveland and hereby authorizes the City of Cleveland to contact my current and former employers and references for the purpose of acquiring information regarding me; I hereby authorize such employers and references to supply such information verbally or in writing to the City of Cleveland. In consideration for their furnishing such information, I hereby waive any and all claims against such former employers and references which may arise from their furnishing such information. I understand the City of Cleveland is a Drug Free Work Place and may require drug testing. I agree to comply with applicable City policy.

I understand that once offered a position, I may be required to complete a medical evaluation and drug screening.

I understand that once offered a position, I may be required to pass a physical examination as a condition of continued employment.

I certify that all the answers given by me to all questions on this application are to the best of my knowledge and belief true and correct. I further affirm that I have not knowingly withheld any facts or circumstances that would detrimentally affect my application for employment, and I understand that any misleading or incorrect statement may render this application void and would be cause for dismissal, if employed.

**I AGREE THAT IF HIRED, THE CITY OF CLEVELAND OR I MAY TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE. I UNDERSTAND THAT NO CITY POLICY, PRACTICE, PROCEDURE, OR STATEMENT BY ANY CITY REPRESENTATIVE SHALL LIMIT OR ALTER THIS AT-WILL EMPLOYMENT RELATIONSHIP.**

**I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS:**

Signature \_\_\_\_\_

Date \_\_\_\_\_



# CITY OF CLEVELAND EMPLOYMENT APPLICATION

Human Resource Department  
85 South Main Street, Cleveland, GA 30528  
Telephone 706-865-2017 / Fax 706-219-3220

**CONSENT FORM FOR EMPLOYMENT AND PERSONAL BACKGROUND CHECK**

**\* ALL INFORMATION IS REQUIRED \***

LAST NAME FIRST NAME MIDDLE NAME MAIDEN NAME

HOME ADDRESS: \_\_\_\_\_  
(PHYSICAL ADDRESS, DO NOT USE POST OFFICE BOX NUMBERS)

\_\_\_\_\_  
(CITY, STATE, ZIP CODE)

APPLYING FOR CITY POSITION: \_\_\_\_\_

As an applicant for employment with the City of Cleveland, I hereby authorize Connie Tracas or Beth Rohmeyer, of the City of Cleveland and designated authorized agencies to request and receive any criminal history records, credit history (if applicable), driver history records information, previous employment records, any office of professional censure from which you have a specific trade license or professional designation and pertinent information pertaining to me which may be in the files of any federal, state, or local criminal justice agency to be used for the purpose of my background check.

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE OF ISSUE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_  
MONTH / DAY / YEAR

In addition to your current State of residence, list all other States where you have resided. If not applicable, write "N/A" in this space.

PLACE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
CITY / COUNTY / STATE / COUNTRY MONTH / DAY / YEAR

CITIZENSHIP: \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_

HAVE YOU EVER USED A DIFFERENT SOCIAL SECURITY NUMBER OR ALIAS? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF SO: NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ FT. \_\_\_\_\_ IN. WEIGHT: \_\_\_\_\_ LBS. SEX: \_\_\_\_\_ M \_\_\_\_\_ F

RACE: \_\_\_\_\_ COLOR OF HAIR: \_\_\_\_\_ COLOR OF EYES: \_\_\_\_\_

**DO NOT SIGN CONSENT FORM WITHOUT BEING IN THE PRESENCE OF A NOTARY  
A NOTARY IS AVAILABLE AT CITY HALL**

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTARY SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_

NAME OF PERSON RECEIVING RECORD \_\_\_\_\_

DEPARTMENT \_\_\_\_\_