

STANDARD 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.

		E-mail Addres	s			
<u> </u>	1	First Name		Middle		
				Apartment No.		
		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. 						
older? 2. Are you a current State of Georgia employee?				3. Have you been dismissed from a State of Georgia government position?		
	□ Yes	□ No		□ Yes □ No		
TYPE OF WORK:						
	i	Requisition ID				
SOURCE:						
out this j	ob:					
	 □ Other □ Professional Associations □ Referral □ Social Network Service □ Talent Exchange □ Team Georgia Careers □ University/Campus Recruiting □ Unsolicited 					
	oout this j	Doubt this job: Other Profest Social Team Univer	State St	State Zip Code		



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College/Technical Scho	ol				Pr	ogram	
Institution	City/State	Education Level (Achieved)	Major		Hours	Minor	Hou
CENSES AND CERTIFIC	ATIONS:	I					
Type of License/Certificate		License/Certificate	License/Certificate Number		ation r.)	Specialization/ Endorsements	

• 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	
Employer	Function
Start Date	End Date
Supervisor's Name	Supervisor's Title
Supervisor's Phone Number	May We Contact the Supervisor?
Achievements	
CERTIFICATION: Read carefully before	e signing and dating. Unsigned applications will not be processed.
for the job is accurate and complet information provided. I further und	that my application, resume, and any document enclosed as part of submission to the best of my knowledge. I understand that state employers will verify the derstand that omitting or providing false information on this form, or any other will be sufficient reason to disqualify me from consideration for employment, or yed
Signature:	Date:



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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 you believe you belong to any of the categories of veterans listed below and ha please indicate by checking the appropriate box below. DD214 and/or other suppressions of the suppression of the suppress	ve not been dishonorably discharged,
☐ US Armed Forces Veteran ☐ Disabled Veteran (a	at least 10% disability)
☐ Disabled Veteran's Spouse ☐ Deceased Veteran'	• ,
For Agangy User	
For Agency Use:	

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