

EDUCATIONAL BACKGROUND

High School

Name of School : _____ Location : _____

Course of Study : _____

Did you graduate? _____ Degree or Diploma : _____ Date : _____

If no, highest grade completed : _____

Do you have G.E.D.? _____ Location obtained : _____

Technical/Vocational Training – other

Name of School : _____ Location : _____

Course of Study : _____

Did you graduate? _____ Degree or Diploma : _____ Date : _____

College

Name of School : _____ Location : _____

Course of Study : _____

Did you graduate? _____ Degree or Diploma : _____ Date : _____

List any advanced degrees : _____

List any professional certifications or licenses you possess : _____

Continuing Education : _____

PERSONAL REFERENCES

1. Name : _____ Years known : _____

Address : _____

Telephone # : (_____) _____

2. Name : _____ Years known : _____

Address : _____

Telephone # : (_____) _____

3. Name : _____ Years known : _____

Address : _____

Telephone # : (_____) _____

EMPLOYMENT EXPERIENCE

List your most recent employer first. Place an X by the employer(s) you **DO NOT** want us to contact.

1. Employer : _____
Address : _____
Phone : (_____) _____ Job Title : _____
Supervisor's Name : _____ Dates Employed : from _____ to _____
Hourly rate/salary: starting _____ final _____
Work performed : _____
Reason for leaving : _____

2. Employer : _____
Address : _____
Phone : (_____) _____ Job Title : _____
Supervisor's Name : _____ Dates Employed : from _____ to _____
Hourly rate/salary: starting _____ final _____
Work performed : _____
Reason for leaving : _____

3. Employer : _____
Address : _____
Phone : (_____) _____ Job Title : _____
Supervisor's Name : _____ Dates Employed : from _____ to _____
Hourly rate/salary: starting _____ final _____
Work performed : _____
Reason for leaving : _____

4. Employer : _____
Address : _____
Phone : (_____) _____ Job Title : _____
Supervisor's Name : _____ Dates Employed : from _____ to _____
Hourly rate/salary: starting _____ final _____
Work performed : _____
Reason for leaving : _____

I authorize investigation of all statements contained in this application. I certify that all information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my option or the company's.

Applicant's Signature : _____ Date : _____

Consent Form

I hereby authorize _____
to receive any Georgia criminal history record information pertaining to me which may
be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Maiden (or previously used name)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

One of the following must be checked:

- This authorization is valid for 90/180/_____ (circle one) days from date of signature.
- I, _____ give consent to the above
named to perform periodic criminal history background checks for the duration of my
employment with this company.

Notary

Date

Motor Vehicle Record Consent Form

In accordance with OCGA§40-5-2, I do hereby authorize the Human resources Department of Dalton Utilities to procure a copy of my driver's license history for employment.

Full Name (First, Middle, Maiden, Last)

Date of Birth

License Number

Street Address

City, State, Zip Code

Signature of Applicant

Date

Notary:

Date
