



EMPLOYMENT APPLICATION

Last Name:		First Name:		M.I.	Date
Street Address:				Apartment/Unit #	
City:		State:		ZIP:	
Phone:		E-mail Address:			
D.O.B		Social Security No.:		Desired Salary:	
Date Available:					
Position Applied for:					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Have you ever been Arrested?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION					
High School:			Address:		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

EMERGENCY CONTACT		
Name:	Relationship:	Number:
Name:	Relationship:	Number:
Name:	Relationship:	Number:

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination.	
Signature	Date



APPLICANT REFERENCE FORM

This section is to be completed by applicant

Previous place of employment _____

Phone number _____

To whom it may concern:

I _____, Social Security Number _____
Applicant's Name (Please Print)

have applied for a position with NOELA INC. and would appreciate it if you would give them the information requested concerning my employment with your firm from _____ to _____.

Applicant's Signature _____

Date _____

This section is to be completed by present or previous employer

THIS REFERENCE INFORMATION WILL BE TREATED IN A CONFIDENTIAL MANNER

Position held: _____ Full time

Parttime Please state reason applicant left or is leaving your employ: _____

Would you re-hire? Yes No

If not, state reason: _____

Please check the following areas:

	Excellent	Good	Poor	Unknown
WORK HABITS				
Attendance				
Punctuality				
Follows instructions				
Observation of work rules				
ATTITUDE				
A diligent worker				
Works well with others				
Shows initiative				
Does more than own share				
Accepts constructive criticism				
PERFORMANCE & PRODUCTION				
Quantity of work				



APPLICANT REFERENCE FORM

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Previous place of employment _____

Phone number _____

To whom it may concern:

I _____, Social Security Number _____
Applicant's Name (Please Print)

have applied for a position with NOELA INC. and would appreciate it if you would give them the information requested concerning my employment with your firm from _____ to _____.

Applicant's Signature _____

Date _____

This section is to be completed by present or previous employer

THIS REFERENCE INFORMATION WILL BE TREATED IN A CONFIDENTIAL MANNER

Position held: _____ Full time Parttime

Please state reason applicant left or is leaving your employ: _____

Would you re-hire? Yes No

If not, state reason: _____

Please check the following areas:

	Excellent	Good	Poor	Unknown
WORK HABITS				
Attendance				
Punctuality				
Follows instructions				
Observation of work rules				
ATTITUDE				
A diligent worker				
Works well with others				
Shows initiative				
Does more than own share				
Accepts constructive criticism				
PERFORMANCE & PRODUCTION				
Quantity of work				

Quality of work				
Takes pride in work				
Show good judgment				
Ability to complete assigned tasks				

_____ Signature of person completing this form

_____ Print Name _____ Date _____ Position

_____ Business

_____ Address _____ City

_____ State _____ Zip _____ Telephone #

Comments: _____



COGENT  SYSTEMS
Georgia Applicant Processing Services

Acknowledgement

I authorize Cogent Systems, Inc. to conduct a fingerprint based criminal history record check of me.

I understand that Cogent Systems, Inc. will send my fingerprints to the Georgia Crime Information Center for a search of criminal history information in its files and to the Federal Bureau of Investigation for a search of its files when a federal record check is so authorized.

I understand that the electronic results of this fingerprint check will be received by Cogent Systems, Inc. and forwarded to the agency responsible for determining my suitability for the position for which I have applied.

I further understand that Cogent Systems, Inc. will not maintain a copy of my record and that Cogent Systems, Inc. meets all confidentiality and security requirements for handling and dissemination of state and federal criminal history record information.

By: _____

Date: _____



Office of Enterprise Compliance

Two Peachtree Street, NW • 1st Floor • Atlanta, Georgia 30303-3142 • Telephone: 404-463-2507 • Fax: 770-359-5473

Gemalto Applicant Registration Form

I, _____

_____	_____	_____	_____	_____
Last Name	First Name	Middle Initial		
_____	_____	_____	_____	_____
Social Security No.	Height	Weight	Eye color	Hair Color
_____	_____	_____	_____	_____
Date of Birth	Sex	Race		
_____	_____	_____	_____	_____
Street Address	City	State	Zip	
_____	_____	_____	_____	_____
Provider	Position Applied For			

am aware that a fingerprint-based background check is required for employment with a DBHDD network provider under Policy 04-104. I have read and accepted the terms of the Applicant Privacy Rights and Privacy Act Statement. I understand that DBHDD Criminal History Background Section (CHBC) must approve all applicant registrations prior to a fingerprint submission. I also understand that registrations will be approved or rejected based upon information submitted. In either case, I will receive an email from Gemalto explaining the status of my request. I understand that incomplete forms or inaccurate information will delay approval process.

Signature

Date

2 Peachtree Street, NW • Atlanta, Georgia 30303 • 404.657.2252
dbhdd.georgia.gov • Facebook: Georgia DBHDD • Twitter: @DBHDD