APPLICATION FOR EMPLOYMENT
CITY OF COLQUITT

154 West ST
Colquitt GA 39837
(229)758-1000

Equal access to programs, services, and employment are available to all persons. Those applicants requiring reasonable accommodations to the applications and/or interview process should notify a representative of the Human Resource Dept.

PLEASE PRINT

Position applied for TEST – please ignore **Date** 11/11/2026

Type of employment desired: Full-Time X **Part-Time**___ **Temporary**___ **Seasonal**___ **Educational Co-op**___

Are you able to meet the attendance requirements of this position? YES X **NO**___ **Desired Salary Range** $0 (TEST)

Name Submission – Please Ignore (LAST) TEST (FIRST) TEST Reference – Please Ignore (MIDDLE) **Social Security #** 123-45-6789

Address 123 Test St, Colquitt, GA 39837 (STREET) Colquitt (CITY) GA (STATE) 39837 (ZIP CODE)

Home Phone 229-555-0100 **Cell Phone** 229-555-0100 **Alternative Phone** 229-555-0100 **E-mail** test@example.com

Drivers License No. TEST0000000 **State** GA **Do you have any physical limitations? YES**___ **NO** X

If yes, please explain _____

If you are under 18, and it is required, can you furnish a work permit? YES X **NO**___ **If no, please explain**_____

Have you ever been employed here before? No **If so, give dates & position**_____

Are you legally eligible for employment in this country? YES X **NO**___ **Date available for work** 11/11/2026

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? YES___ **NO** X **If yes, provide date(s) & details**_____

ANSWERING YES TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Skills and Qualifications

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying TEST – please ignore

References

NAME	TELEPHONE	NUMBER OF YEARS KNOWN
TEST Reference – Please Ignore	229-555-0100	1
TEST Reference – Please Ignore	229-555-0100	1
TEST Reference – Please Ignore	229-555-0100	1

Education

Do you possess a valid High School Diploma or GED Equivalent? YES X **NO** ___

NAME & LOCATION		NO. OF YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL:	TEST Reference – Please Ignore	1	Yes	TEST – please ignore
COLLEGE:	TEST Reference – Please Ignore	1	Yes	TEST – please ignore
OTHER:	TEST Reference – Please Ignore	1	Yes	TEST – please ignore

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EMPLOYER NAME, ADDRESS & PHONE # TEST – please ignore	**STARTING JOB TITLE** TEST – please ignore **HOURLY RATE/SALARY** $0 (TEST) **FINAL JOB TITLE** TEST – please ignore **HOURLY RATE/SALARY** $0 (TEST) **IMMEDIATE SUPERVISOR** TEST – please ignore **MAY WE CONTACT FOR A REFERENCE?** Yes **EMPLOYED FROM** TEST * **TO** TEST – please ignore **REASON FOR LEAVING** TEST – please ignore
SUMMARIZE WORK PERFORMED & RESPONSIBILITIES: TEST – please ignore	
EMPLOYER NAME, ADDRESS & PHONE # TEST – please ignore	**STARTING JOB TITLE** TEST – please ignore **HOURLY RATE/SALARY** $0 (TEST) **FINAL JOB TITLE** TEST – please ignore **HOURLY RATE/SALARY** $0 (TEST) **IMMEDIATE SUPERVISOR** TEST – please ignore **MAY WE CONTACT FOR A REFERENCE?** Yes **EMPLOYED FROM** TEST * **TO** TEST – please ignore **REASON FOR LEAVING** TEST – please ignore
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SUMMARIZE WORK PERFORMED & RESPONSIBILITIES: TEST – please ignore	

Applicant Statement:

1. I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.
2. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.
3. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal & professional), employers, publics agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other person, corporations or organizations for furnishing such information about me.
4. I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.
5. I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.
6. If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.
7. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

[X] Read and accepted (signed online)

Signature of Applicant _____ Date 11/11/2026

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LABORCHEX INVESTIGATION AUTHORIZATION & ORDER FORM

Under the applicable provisions of the federal Fair Credit Reporting Act (FCRA), notice is hereby given that a consumer report of investigative consumer report may be made which may include information pertaining to your employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, and person characteristics. This report may also include information pertaining to a commercial driver's license and commercial driving work history which, under provisions of the United States Dept. of Transportation, can include inquiries into drug and alcohol testing and use. This report will be used for employment purposes only, and will be processed by LABORCHEX Companies, an employment screening service, 3900 Lakeland DR #300, Jackson, MS, 39208, 1-800-880-0366. LABORCHEX conducts business according to all applicable federal and state laws. LABORCHEX agrees to use its best and most precise efforts to furnish its (a client is defined as a business, company, or organization which contracts with LABORCHEX to provide employment screening services to them) with accurate, current, complete, and reliable information based on such information as it is reasonably available and obtained via applicable public records sources and/or information services utilized by LABORCHEX. Sources also include contact by phone, fax, U.S. mail, and electronic mail of an applicant's previous employers, education officials, and other individuals who can provide accurate verification and confirmation of the applicant's background. However, LABORCHEX cannot guarantee the accuracy of the information provided by these sources, which include courts, public record databases, commonly accepted information sources, and individuals, including previous employers.

You are further advised that LABORCHEX does not counsel its clients regarding their hiring policies and procedures. LABORCHEX will not have any knowledge as to why you have been offered a position or the reason why you were denied employment, and will not be responsible or liable for actions taken by its client. Under the provisions of the FCRA, you have the right to dispute information provided in a report and, after providing proper identification, you can request a copy of such report(s), including details about the sources of information. Such information will be provided to you at no cost within 30 days after receiving your request. This information will be provided by the company, business, or organization at which you applied for employment. Upon your request, LABORCHEX will provide additional details regarding your employment screening report, particularly the names of specific resources used to gather information, such as courts, public record databases, commonly accepted data sources and individuals.

I, the undersigned, have read and fully understand the above notice, I herby authorize LABORCHEX to investigate my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, personal characteristics, and information pertaining to a commercial driver's license and commercial driving work history, including inquiries into drug and alcohol testing and use, I authorize LABORCHEX to verify the facts stated by me on the attached application and/or resume. I agree not to hold LABORCHEX responsible in any manner for errors in information provided to LABORCHEX by any of the sources LABORCHEX uses to obtain such information about my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation and person characteristics. I also agree not to hold LABORCHEX responsible for reports deemed by me to be incorrect, when LABORCHEX has, in good faith and according to its established lawful practices, based its information on sources it normally utilizes, such as those listed above.

[X] Applicant read and agreed to the authorization above (signed online)

Date 11/11/2026 Print Name TEST TEST Reference – Please Ignore Submission – Please Ignore Social Security# 123-45-6789

Applicant Signature _____ Date of Birth 01/15/1985 DL# TEST0000000 State GA

BELOW IS FOR GMA MEMBER USE ONLY

GMA Member _____ Date _____

Applicant Name _____ Social Security # _____

CHECK SCREENINGS REQUIRED FOR THIS APPLICANT

Criminal Records Check:
- _____Statewide GA
- _____Nationwide Federal Violations
- _____GA County: _____
- _____Other Statewide: _____
- _____Other County: _____
- _____Sex Offender State: _____

Driving Record Check:
- _____GA

Application Verifications:
- _____Previous Employment
- _____Education
- _____Licenses & Credentials
- _____References
- _____G.A.P.O.S.T.
- _____Education Transcripts

- _____National Address Search & SS# Verification
- _____Employment Credit Report

Signature of GMA Member Representative Authorizing Investigation _____

Name-Based Criminal History Record Information (CHRI) Consent/Inquiry Form

I hereby authorize City of Colquitt to conduct an inquiry for
Agency/Company
the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law.

Full Name (print)	TEST TEST Reference – Please Ignore Submission – Please Ignore		
Address	123 Test St, Colquitt, GA 39837, Colquitt, GA 39837		
Sex	Race	Date of Birth	Social Security Number
Unknown	Unknown	01/15/1985	123-45-6789

☐ This authorization is valid for _____ days from date of signature.

X I, TEST TEST Reference – Please Ignore Submission – Please Ignore, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

[X] Consent given (signed online) — Signature

11/11/2026 — Date

_____ — Attorney for Individual (Purpose Code E and U Only)

_____ — Bar Number

_____ — Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used (check one): Note: *Only one inquiry may be performed per consent form.*

NON-CRIMINAL JUSTICE PURPOSES		
☐	**E**	Employment
☐	**M**	Employment direct care with Mentally Ill/Developmentally Disabled
☐	**N**	Employment direct care with Elderly
☐	**W**	Employment direct care with Children
☐	**P**	Public Record (no consent required)
☐	**F**	Probate Court/Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)		
☐	**U**	Personal Copy (stamp return "personal copy")
CRIMINAL JUSTICE EMPLOYMENT		
☐	**J**	Civilian Criminal Justice Employment (state and III data received)
☐	**Z**	Sworn Criminal Justice Employment (state and III data received)

This inquiry resulted in the following (check all that apply):

☐	No criminal history available
☐	Criminal history available (attached/released)
☐	No NCIC/GCIC Warrant
☐	Possible NCIC/GCIC Warrant (list Wanting agency below)
☐	Wanting Agency Name:
☐	Wanting Agency Telephone:

Agency Designee Signature and Title

Revised June 2023

Georgia Driver's History Consent Form

O.C.G.A. § 40-5-2(f)(4) authorizes local fire departments and law enforcement agencies access to Georgia driver's history records as part of an application for employment or any current employee for use relative to the performance of official duties with the local fire or law enforcement agency.

I hereby authorize the

TEST – please ignore

List Name of Law Enforcement Agency/Fire Department

To receive a copy of my Georgia Driver's History record as part of my application for employment, or for use relative to the performance of my official duties with the agency.

Full Name (print)	TEST TEST Reference – Please Ignore Submission – Please Ignore
Address	123 Test St, Colquitt, GA 39837, Colquitt, GA 39837
Sex	Unknown
Race	Unknown
Date of Birth	01/15/1985
Social Security Number	123-45-6789
Driver's License Number	TEST0000000

This authorization is valid for 90 days from the date of signature.

[X] Authorization given (signed online) 11/11/2026

Signature Date

To be completed by CJIS network operator:

Date of Inquiry	
Time of Inquiry	
Operator's Initials	

Date Results Provided	
Person Results Provided to	

Georgia Driver's History Consent Form
Revised 20200410

Submitted online November 11, 2026 at 6:13 PM ET. Filled answers are printed in blue on the original form pages.

ADDENDUM: ANSWERS CONTINUED FROM THE FORM (MARKED *)

Employer 1: Employed from	TEST – please ignore
Employer 2: Employed from	TEST – please ignore
Employer 3: Employed from	TEST – please ignore
Employer 4: Employed from	TEST – please ignore

ATTACHED DOCUMENTS

#	Document	File name	Type
1	Driver's license	dummy-license.png	PNG image
2	Social Security card	dummy-sscard.png	PNG image

1. Driver's license
dummy-license.png



2. Social Security card
dummy-sscard.png

