

STATE OF GEORGIA EMPLOYMENT APPLICATION An Equal Opportunity Employer

Complete information on searching for jobs with the State of Georgia and an on-line application procedure may be found on the Internet at http://team.georgia.gov/careers/ . Using Team Georgia Careers is the preferred method of applying for these State jobs.											
Daytime Telephone Number											
Last Name		First Na	me	Middle Initials							
Street or Mailing Address	Apartment No.										
City		State	Zip Code	Cou	inty						
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 felony convictions (for some jobs). Please answer the following questions.											
 Are you a United States citizen? ☐ YES ☐ NO 	 2. Are you an alien authorized to work in the United States? ☐ YES ☐ NO ☐ N/A 	3. Have you e State of C If YES,	 4. Have you ever been convicted of a felony? ☐ YES ☐ NO If YES, attach an explanation. 								

TYPE OF WORK: JOB TITLE AND JOB CODE REQUIRED. If you do not know the correct job titles, information is available at the various State of Georgia agency personnel offices, the Department of Administrative Services Office in Atlanta, the Georgia Department of Labor Career Centers, or on http://team.georgia.gov/careers/.

Job Code	Specific Job Title Sought

EDUCATION:

High School Graduate or Equivalent (GED)? Yes No	Vocational/E	ional/Business School:			No. of Months:	Field of Study:			Completed: Yes No Date: (Mo/Yr)		
PLEASE LIST EXACT COLLEGE HOURS :			CRE RECE						TYPE OF DEGREE	DATE DEGREE COMPLETED	
COLLEGES/UNIVERSITIES		CITY and STATE	Qtr Hrs	Sem Hrs	Maj	or	Hrs	Minor	Hrs	(BA/BS/ MA/PhD)	(Mo. /Yr.)

LANGUAGE SKILLS: Multilingual (Specify languages)

Sign Language

GEORGIA LICENSES AND CERTIFICATIONS:

Type of License/Certificate	License/Certificate Number	Expiration (Mo. /Yr.)	Specialization/ Endorsements		
Current Valid Driver's License 🔲 Yes 📄 No					
Current Valid Commercial Driver's License (CDL): Class (Check One):					
Teacher Certified in Georgia: Type of Certificate Held:					
Georgia Peace Officer Standards and Training Certificate (POST)					
Other Professional License/Certificate:					

CERTIFICATION: Read carefully before signing and dating. Unsigned applications will not be processed.

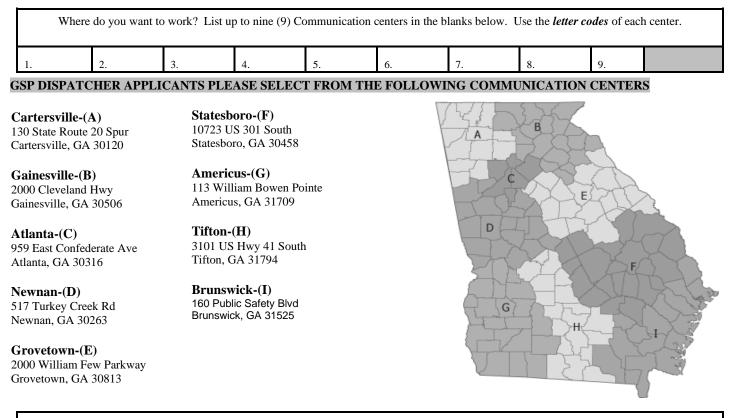
I certify that all information on this application is correct. I authorize any agent or employee of the State to verify this information and to release it to anyone who may consider me for appointment. I understand that intentionally providing false information on this form or attachments is a violation of state law. I also understand that applications submitted electronically, via e-mail or similar media, are not valid unless I enter my name in the signature field below and such action shall constitute an electronic signature. I further certify that either: 1) I have not been convicted of a drug-related criminal offense; or 2) if I have been convicted of a drug-related criminal offense, it has been more than three (3) months since my first conviction, or more than five (5) years since a second or subsequent conviction (O.C.G.A. 45-23 et. Seq.).

Signature:

Date:

	WORK HISTORY: Describe your work history below beginning with your current or most recent job. Include military and volunteer experience. If you worked for the same employer but held different jobs describe each separately. Describe in detail the specific duties beginning with your primary duties. If you need more space, print out the supplemental work history page and attach to the application. Failure to give complete and detailed information regarding each job held may result in your disqualification from employment consideration. <i>You may submit a resume to document your work background</i> . However, if the resume does not contain all information requested in the Work History section, please fill in that information on the application. Include additional documents as requested.										
Current or Last Employer:				Your Job Title:							
A	Address			From (mo/yr)	To (mo/yr)	Hours per Week:					
(City	GA	Zip Code	Check all that apply:	ntern 🗆 Paid	Annual Salary					
Ŋ	Your Supervisor's Name and Title		1	May We Contact En	nployer?	Your Supervisor's Phone Number					
F	Reason for Leaving			# and types of employees you supervised:							
Ι	Describe in detail your job duties.										
ŀ	Related Computer Skills:										
	Employer:			Your Job Title:							
F	Address	-		From (mo/yr)	To (mo/yr)	Hours per Week:					
(City	State	Zip Code	Check all that apply: □ Volunteer □ In	ntern 🗆 Paid	Annual Salary					
Ŋ	Your Supervisor's Name and Title			May We Contact Employer? Your Supervisor's Phone Number							
F	Reason for Leaving			# and types of employees you supervised:							
Ι	Describe in detail your job duties.										
ŀ	Related Computer Skills :										
	Employer:			Your Job Title:							
	Address			From (mo/yr)	To (mo/yr)	Hours per Week:					
	City	State	Zip Code	Check all that apply:		Annual Salary					
	Your Supervisor's Name and Title	State	Lip code		ntern	Your Supervisor's Phone Number					
	-			YES NO () # and types of employees you supervised: ()							
	Reason for Leaving			# and types of employee	s you supervised.						
	Describe in detail your job duties.										
ŀ	Related Computer Skills :										

STATE OF GEORGIA EMPLOYMENT AVAILABILITY



Where do you want to work? List up to nine (9) Regions in the blanks below. Use the number codes of each region. 3 2 5 9

MOTOR CARRIER COMPLIANCE WEIGHT INSPECTOR APPLICANTS PLEASE SELECT FROM THE FOLLOWING REGIONS

6

Region 1 Inspection Station(s) Catoosa County Inspection Station

I-75 South (Mile Marker 343) Ringgold, GA 30736

Region 2 Inspection Station(s)

Franklin County Inspection Station I-85 South Mile Marker 169 Lavonia, GA 30553

Region 3 Inspection Station(s)

Douglas County Inspection Station I-20 East Mile Marker 43 1786 Blairs Bridge Rd Lithia Springs, GA 31022

Carroll County Inspection Station I-20 West Mile Marker 15 Temple, GA 30179

Region 4 Inspection Station(s)

Columbia County Inspection Station I-20 East Mile Marker 187 Harlem, GA 30614

Region 5 Inspection Station(s)

Troup County Inspection Station I-85 South Mile Marker 23 Lagrange GA 30240

Region 6 Inspection Station(s)

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Monroe County Inspection Station I-75 North Mile Marker 190 Forsyth, GA 31029

Region 7 Inspection Station(s)

Bryan County Inspection Station I-16 West Mile Marker 144 Ellabell, GA 31308

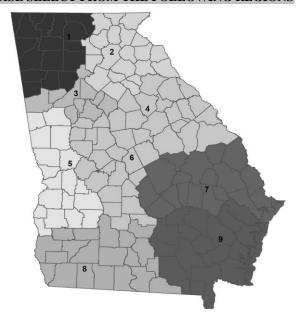
Chatham County Inspection Station I-95 Mile Marker 111 Pt. Wentworth, GA 31407

Region 8 Inspection Station(s)

Lowndes County Inspection Station I-75 South Mile Marker 23 Tifton, GA 31793

Region 9 Inspection Station(s)

McIntosh County Inspection Station I-95 North Mile Marker 55 Darien, GA 31305



Please Note: Applicants for Motor Carrier Compliance Officer, a location will be decided based on need.

For all other applicants, please refer to specific job posting for position location information.

lease answer the following questions:	
Are you at least 18 years of age?	Yes No
Have you used/smoked/possessed marijuana within two (2) years of application date?	Yes No
Have you used any prescription drugs or legally obtainable substance in the manner for which it was not intended in within two (2) years of application date?	Yes No
Do you have any visible tattoos below the crease of the elbow or above the neckline?	Yes No
Have you used any illegal drugs or combination of illegal drugs (including anabolic steroids after February 27, 1991) other than marijuana within the past five (5) years of application date?	Yes No
Do you have personal delinquent state or federal tax liability, or delinquent student or government loans? If yes, are you on an approved payment plan for the delinquent tax liability or loan?	Yes No Yes No NA
Do you have any conviction or plea of nolo contender within the last three (3) years of application date for Driving Under the Influence of Drugs or Alcohol (DUI) or for any serious traffic offense, including: Fleeing or Attempting to Allude a Police Officer, Vehicular Homicide, Failure to Stop, Render Aid or Leave Information, and Racing?	Yes No
Have you ever been convicted of a felony?	Yes No
Have you been disqualified from the Department of Public Safety's background process in the past year?	Yes No
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Date:

Requisition Number (for announced jobs only):

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The information you give in this section is optional. It is used by the Georgia Merit System and other state agencies to comply with Federal guidelines for monitoring the equal employment opportunity efforts of the State of Georgia.

Last Name			ľ	MI			
Ethnic Back		Gende	r	Birth Date			
1. American Indian	2. White, not c	of Hispanic origin	(Check O	ne):	MO	DAY	YR
3. Hispanic	4. 🗌 Black, not o	f Hispanic origin	Male	2			
5. Asian/Pacific Islander	6. 🗌 Multi-racial		Fem.	ale	Birth Date - Required some law enforcemen jobs.		
For Agency Use							