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| --- | --- | --- | --- | --- |
| Daytime Telephone Number  (   )     - | E-Mail Address | | | |
| Last Name | First Name | | | Middle Initial |
| Mailing Address | | | | Apartment # |
| City | 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:**

1. Are you 18 years of age or older? Yes No
2. Are you a current or former State of Georgia Employee? Yes No

If Yes, please provide your State of Georgia Employee ID #:

1. Have you been dismissed from a State of Georgia government position? Yes No

If Yes, please list the State of Georgia Agency you were dismissed from:

**TYPE OF WORK:**

|  |  |
| --- | --- |
| Job Title | Position # |
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**EDUCATION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **What is the highest Education level you have completed?**  High School Graduate or Equivalent (GED)  Some College (please list hours completed)  Associates Degree  Bachelor’s Degree  Master’s Degree  Doctorate Degree  Other (Please list type) | | | | | |
| College / Technical School | | City/State | Degree Type (AA, BA, MS) | Major | Minor | Date Completed |
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**LICENSES AND CERTIFICATIONS:**

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| --- | --- | --- | --- |
| Type of License/Certificate | License/Certificate Number | Expiration  (Mo/Yr) | Specialization/  Endorsements |
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**COMPUTER EXPERIENCE:**

* Describe your computer skills (ex. Microsoft Word, Excel, PeopleSoft, Internet, etc…)

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**SOURCE:**

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| **Please indicate how you heard about this job:**  Agency Website  Broadcast  Career Fair  Direct Mail  Job Board  Magazine & Trade Publications  Newspapers  Other  Professional Association  Referral  Social Network Service  Talent Exchange  Team Georgia Careers  University / Campus Recruiting  Unsolicited |

**WORK HISTORY:**

* Describe your work history below beginning with your current or most recent job.
* If you need more space, print out the supplemental work history page and attach it to the application.
* You may attach a resume to supplement your work history information.

|  |  |  |  |
| --- | --- | --- | --- |
| Current or Last Employer | | Job Title | |
| Start Date     /    / | End Date     /    / | | Hours per Week |
| Supervisor’s Name | Supervisor’s Title | | Your Salary  $     . |
| Supervisor’s Phone Number | | May we contact the Supervisor? | |
| Reason for Leaving | | # and types of employees you supervised (if applicable) | |
| Describe in detail your job duties | | | |
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| --- | --- | --- | --- |
| Employer | | Job Title | |
| Start Date     /    / | End Date     /    / | | Hours per Week |
| Supervisor’s Name | Supervisor’s Title | | Your Salary  $     . |
| Supervisor’s Phone Number | | May we contact the Supervisor? | |
| Reason for Leaving | | # and types of employees you supervised (if applicable) | |
| Describe in detail your job duties | | | |
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| --- | --- | --- | --- |
| Employer | | Job Title | |
| Start Date     /    / | End Date     /    / | | Hours per Week |
| Supervisor’s Name | Supervisor’s Title | | Your Salary  $     . |
| Supervisor’s Phone Number | | May we contact the Supervisor? | |
| Reason for Leaving | | # and types of employees you supervised (if applicable) | |
| Describe in detail your job duties | | | |
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| **CERTIFICATION: Read carefully before signing and dating. Unsigned applications will not be processed.**  By signing below, I certify/confirm that my application, resume, and any document enclosed as part of submission for the job is accurate and complete to the best of my knowledge. I understand that state employers will verify the information provided. 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 understand that omitting or providing false information on this form, or any other subsequent application materials, will be sufficient reason to disqualify me from consideration for employment, or immediate dismissal if I am employed.  **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 regards 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 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 opportunity efforts of the State of Georgia and for no other reason. Your answers will not be used against you in any way. |

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| **Race/Ethnicity**  American Indian or Alaska Native  Asian  Black or African American  Hispanic or Latino  Multiracial  Native Hawaiian or Other pacific Islander  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 in certain initial employment decisions. If you believe you belong to any of the categories of veterans listed below and have not been dishonorably discharged, please indicate by checking the appropriate box below. A DD214 and/or other supporting documents will be required.  US Armed Forces Veteran  Disabled Veteran (at least 10% disability)  Disabled Veteran’s Spouse  Deceased Veteran’s Widow/Widower |

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| For Agency Use |

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