

## STANDARD POSITION APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Complete information on searching for jobs with the State of Georgia and an on-line application procedure may be found at <a href="http://team.georgia.gov/careers">http://team.georgia.gov/careers</a>.

Utilizing the Team Georgia Careers website is the preferred method for applying for State of Georgia jobs.

Daytime Telephone Number		E-mail Addr	ess			
Last Name		First Name		Middle		
Street or Mailing Address				Apartment No.		
City		State	Zip Code	County		
To be employed by the State of G     These include (but are not limited previously employed by the State,     Please answer the following questions)	d to) United States citi and no disqualifying o	izenship or auth	orization to work in this co	buntry, positive rehire status if		
1. Are you 18 years of age or older?	2. Are you a curr Georgia emplo			3. Have you been dismissed from a State of Georgia government position?		
□ Yes □ No	□ Yes □	□ No □ Yes □ No				
TYPE OF WORK:						
Specific Job Title	Ī	Requisition ID N	lumber			
SOURCE:						
Please indicate how you heard a	bout this job:					
<ul> <li>□ Agency Website</li> <li>□ Broadcast</li> <li>□ Career Fair</li> <li>□ Direct Mail</li> <li>□ Job Board</li> <li>□ Magazines &amp; Trade Publications</li> <li>□ Newspapers</li> </ul>	<ul> <li>□ Professional Associations</li> <li>□ Referral</li> <li>□ Social Network Service</li> <li>□ Talent Exchange</li> <li>□ Team Georgia Careers</li> <li>s □ University/Campus Recruiting</li> <li>□ Unsolicited</li> <li>□ Other</li> </ul>					

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EDUCATION:								
High School Graduate or E	quivalent (GED)?	□Yes	□No					
College/Technical School?	)				D			
☐ College ☐ Technical :	School				Progra	am		
Name of Institution	City/State		Education Level (Achieved)	Major		Hours	Minor	Hours
LICENSES AND CERTIFICA	ATIONS:				_		_	
Type of License/Certificate		License/Certificate Number		Expiration (Mo/Yr.)		Specialization/ Endorsements		
WORK HISTORY:								
			current or most recent jo		!:			
	space, print out the si resume to suppleme		rk history page and attactory information.	on to the	applicati	on.		
Current or Last		F	unction					
Employer Start Date			Ind Date					
Supervisor's Name		S	Supervisor's Title					
Supervisor's Phone Number		N	lay We Contact the Su	perviso	r? 🗆	Yes	□ No	
Job Experience								
COD EXPONENCE								



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Employer	Function		
Start Date	End Date		
Supervisor's Name	Supervisor's Title		
Supervisor's Phone Number	May We Contact the Supervisor? ☐ Yes ☐ No		
Job Experience			
Employer	Function		
Start Date	End Date		
Supervisor's Name	Supervisor's Title		
Supervisor's Phone Number	May We Contact the Supervisor? ☐ Yes ☐ No		
Job Experience			
CERTIFICATION: Read carefully before signing and datir	ng. 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 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 regard 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 and federal 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 employment opportunity efforts of the State of Georgia and for no other reason. Your answers will not be used against you in any way.

Race/Ethnicity				
<ul> <li>☐ American Indian or Alaska Native</li> <li>☐ Asian</li> <li>☐ Black or African American</li> <li>☐ Hispanic or Latino</li> <li>☐ Native Hawaiian or Other Pacific Islander</li> <li>☐ Two or More Races</li> <li>☐ White</li> <li>☐ I do not wish to provide this information</li> </ul>				
Gender				
<ul><li>☐ Female</li><li>☐ Male</li><li>☐ I do not wish to provide this information</li></ul>				
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. DD214 and/or other supporting documents will be required.				
	<ul><li>□ Disabled Veteran (at least 10% disability)</li><li>□ Deceased Veteran's Widow/Widower</li></ul>			
For Agency Use:				

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