



THE ERVIN ACADEMY

“Young Men Striving for Excellence”

Daytime Telephone Number

E-mail Address

[]	[]	[]	-	[]	[]	[]	-	[]	[]	[]				
Last Name								First Name				Middle Init.		
Street or Mailing Address											Apartment No.			
City							State		Zip Code		County			

EMPLOYMENT ELIGIBILITY: To be employed by the Ervin Academy, 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 and no felony convictions (for some jobs). Please answer the following questions.

1. Are you a United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. Are you an alien authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	3. Have you ever been dismissed from any position? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach an explanation.	4. Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach an explanation.
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TYPE OF WORK: JOB TITLE AND JOB CODE REQUIRED. If you do not know the correct job titles, information on The Ervin Academy Website at theervinacademy.com.

Specific Job Title Sought	Job Code	Specific Job Title Sought	Job Code
1.		2.	

EDUCATION:

High School Graduate or Equivalent (GED)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vocational/Business School:	No. of Months:	Field of Study:	Completed: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: (Mo./Yr)					
PLEASE LIST EXACT COLLEGE HOURS :		CREDIT RECEIVED		FIELD/AREA OF CONCENTRATION		TYPE OF DEGREE	DATE DEGREE COMPLETED		
COLLEGES/UNIVERSITIES	CITY and STATE	Qtr Hrs	Sem Hrs	Major	Hrs	Minor	Hrs	(BA/BS/MA/PhD)	(Mo./Yr.)

LANGUAGE SKILLS: Check any which apply to you. Multilingual (Specify languages) _____ Sign Language

LICENSES AND CERTIFICATIONS:

Type of License/Certificate	License/Certificate Number	Expiration (Mo./Yr.)	Specialization/Endorsements
Current Valid Driver’s License <input type="checkbox"/> Yes <input type="checkbox"/> No			
Current Valid Commercial Driver’s License (CDL): Class (Check One): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			
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. *You may submit a resume to document your work background.* However, if the resume does not contain all the information requested in the Work History section, please fill in that information on the application.

Current or Last Employer:			Your Job Title:		
Address			From (mo/yr)	To (mo/yr)	Hours per Week:
City	State	Zip Code	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid		Annual Salary
Your Supervisor's Name and Title			May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Your Supervisor's Phone Number ()
Reason for Leaving			# and types of employees you supervised:		
Describe in detail your job duties.					
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: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid		Annual Salary
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Employer:			Your Job Title:		
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City	State	Zip Code	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid		Annual Salary
Your Supervisor's Name and Title			May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Your Supervisor's Phone Number ()
Reason for Leaving			# and types of employees you supervised:		
Describe in detail your job duties.					
Related Computer Skills :					



How You Heard About The Job:	<input type="checkbox"/> Walk-in	<input type="checkbox"/> College/University	<input type="checkbox"/> Technical School	<input type="checkbox"/> Employee Referral	<input type="checkbox"/> thejobsite.org
	<input type="checkbox"/> Newspaper	<input type="checkbox"/> State Agency Web Site	<input type="checkbox"/> Other Internet Source	<input type="checkbox"/> DOL Career Center	<input type="checkbox"/> Other _____

Date:	Requisition Number (for announced jobs only):
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EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The information you give in this section is optional.

Last Name	First Name	MI

Ethnic Background (Check One):		Gender (Check One):	Birth Date			
1. <input type="checkbox"/> Native American	2. <input type="checkbox"/> White, not of Hispanic origin	<input type="checkbox"/> Male <input type="checkbox"/> Female	MO DAY YR			
3. <input type="checkbox"/> Hispanic	4. <input type="checkbox"/> Black, not of Hispanic origin		<table border="1"> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			
5. <input type="checkbox"/> Asian/Pacific Islander	6. <input type="checkbox"/> Multi-racial		<i>Birth Date - Required for some law enforcement jobs.</i>			
7. <input type="checkbox"/> Other						

For Agency Use		
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