

APPLICATION FOR EMPLOYMENTPRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER**PERSONAL INFORMATION**

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE**REMARKS**

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER



Georgia Department of Driver Services
 Customer Service, Licensing and Records Division
 P.O. Box 80447
 Conyers, Georgia 30013

REQUEST FOR MOTOR VEHICLE REPORT (MVR)

- I am requesting my own Georgia MVR. (Complete Sections 1, 3, and 4)
- I am requesting a Georgia MVR of another individual. (Complete Sections 1, 2, 3, and 4)

PLEASE PRINT LEGIBLY

SECTION 1 - DRIVER INFORMATION (must exactly match driving record)			
Full Name (First, Middle, Last)			
Driver Date of Birth (MM/DD/YY)		Driver's License Number	

SECTION 2 - THIRD PARTY REQUESTOR INFORMATION	
Full Name (First, Middle, Last)	
Firm Name (if applicable)	
Address	

SECTION 3 - TERM OF REQUEST
Please choose one of the following options: <input type="checkbox"/> <u>Three (3) year</u> Georgia MVR (\$6.00 fee) <input type="checkbox"/> <u>Seven (7) year</u> Georgia MVR (\$8.00 fee)
If you are requesting a Georgia MVR by mail, please include a business sized self-addressed stamped envelope along with this request and the required payment amount.

SECTION 4 - AUTHORIZATION TO RELEASE RECORD OF DRIVER			
Under penalty of law, I hereby (please check one)	<input type="checkbox"/> request release of my driving record; OR <input type="checkbox"/> consent to release of my driving record to the person and/or entity named in Section 2, in accordance with O.C.G.A. §40-5-2.		
Signature of Driver		Date (MM-DD-YY)	