

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 21 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Are you a current State of Georgia Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Have you been dismissed from a State of Georgia government position? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
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TYPE OF WORK:

Specific Job Title Sought	Position #

SOURCE:

Please indicate how you heard about this job:	
<input type="checkbox"/> Agency Website <input type="checkbox"/> Broadcast <input type="checkbox"/> Career Fair <input type="checkbox"/> Direct Mail <input type="checkbox"/> Job Board <input type="checkbox"/> Magazine & Trade Publications <input type="checkbox"/> Newspapers <input type="checkbox"/> Other	<input type="checkbox"/> Professional Association <input type="checkbox"/> Referral <input type="checkbox"/> Social Network Service <input type="checkbox"/> Talent Exchange <input type="checkbox"/> Team Georgia Careers <input type="checkbox"/> University / Campus Recruiting <input type="checkbox"/> Social Media (Facebook, Instagram, Twitter) <input type="checkbox"/> Unsolicited

EDUCATION:

High School Graduate or Equivalent (GED)? <input type="checkbox"/> Yes <input type="checkbox"/> No							
College / Technical School					Program		
Institution	City/State	Major	Hours	Minor	Hours	Type of Degree	Date Degree Completed
							/
							/
							/
							/



GEORGIA DEPARTMENT OF NATURAL RESOURCES
P.O.S.T. CERTIFIED POSITION APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

LICENSES AND CERTIFICATIONS:

Type of License/Certificate	License/Certificate Number	Expiration (Mo/Yr)	Specialization/Endorsements
		/	
		/	
		/	
		/	

COMPUTER EXPERIENCE:

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

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			

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

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

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:** / /

<p>EQUAL EMPLOYMENT OPPORTUNITY SELF IDENTIFICATION FORM</p> <p>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.</p>
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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.

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

- Male
- Female
- 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

For Agency Use