

An Equal Opportunity Employer

Doutime Telephone Number		E Mail Ad	ldross		
Daytime Telephone Number		E-Mail Ac	iuress		
Last Name	First Nam	ne		Middle Initial	
Mailing Address			Apartment #		
City		State	Zip Code	County	
ENADLOVANENT ELICIDILITY					
EMPLOYMENT ELIGIBILITY: To be employed by the State of	Georgia vou must m	eet certain State and	Federal employ	vment eligihility requi	raments These include
(but are not limited to) United S			-		
the State, and no disqualifying c	•		iii tiiis country,	, positive refine status	s ii previousiy employeu b
Please answer the following qu	estions:				
1. Are you 18 years of age or o	older? Yes N	No			
2. Are you a current or former	State of Georgia Em	ployee? Yes	No		
If Yes, please provide yo	_				
 Have you been dismissed fr If Yes, please list the Sta 	om a State of Georgi ate of Georgia Agenc	a government positio y you were dismissed	n? Yes from:	No	
TYPE OF WORK:					
Specific Job Title Sought		Р	osition #		
EDUCATION:					
What is the highest Educat	ion level you have co	ompleted?			
High School Graduate or	=	Jp. 0.000.			
Some College (please list					
Associates Degree	,				
Bachelor's Degree					
Master's Degree					
Doctorate Degree					
Other (Please list type)					
College / Technical School	City/State	Degree Type	Major	Minor	Date
_		(AA, BA, MS)	-		Completed
		,			/
					/
					/
		•	•	- 1	<u> </u>
LICENSES AND CERTIFICATIONS	:				

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

DNR 5-2022



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COMPUTER EXPERIENCE:

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

SOURCE:

Please indicate how you heard about this j	ob:
Agency Website	
Broadcast	

Career Fair Direct Mail

Direct Mai

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 cont	May we contact the Supervisor?	
Reason for Leaving		# and types	# and types of employees you supervised (if applicable)	
Describe in detail your job duties				
_				

DNR 5-2022 2



An Equal Opportunity Employer

Employer		Job Title		
Start Date	End Date		Hours per Week	
Supervisor's Name	Supervisor's Title		Your Salary	
Supervisor's Phone Number	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 sign	ing and dating. Unsigne	ed applications will not b	pe processed.	
By signing below, I certify/confirm that my accurate and complete to the best of my k understand that applications submitted elsignature field below and such action shall information on this form, or any other subset for employment, or immediate dismissal if I Signature:	nowledge. I understand ectronically, via e-mail constitute an electroni equent application mate	d that state employers w or similar media, are r ic signature. I further un	vill verify the information provided. I also not valid unless I enter my name in the derstand that omitting or providing false	

DNR 5-2022 3



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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.

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

For	Agency	Use
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DNR 5-2022