



GEORGIA
TECHNOLOGY
AUTHORITY

Applicant Supplemental Information

APPLICANT INFORMATION:				
Last Name		First Name		Middle Init.
Social Security Number	Date of Birth		Home Phone Number	Daytime Phone Number
Street Address				Apartment No.
City		State	Zip Code	County

EMPLOYMENT INFORMATION: Please provide the following information regarding your most recent employment.		
Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	I am/was employed as a: <input type="checkbox"/> Contractor <input type="checkbox"/> Full-Time Employee	Annual Salary:

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) authorization to work in this country, positive rehire status if previously employed by the State, and/or no felony convictions (for some jobs). Please answer the following questions.		
Are you authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Temporarily Authorization will expire: _____ / _____ / _____ Day Month Year	3. Have you ever been dismissed from any State of Georgia government 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.

APPLICATION ACKNOWLEDGEMENT

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING FOLLOWING PAGE

- Misrepresentation of Information.** I certify that all information given on this application form and in connection with my application for employment is true and correct. I acknowledge and agree that any falsification, misrepresentation or omission of facts supplied by me will result in making this application null and void; and may, if I become employed, result in termination of my employment, regardless of when discovered.
- Background Investigation.** I understand that as part of normal procedure for processing employment applications and employment requests, an inquiry may be made concerning information on my work history, education, character, criminal history, motor vehicle and driving records, credit history, social security number and eligibility to work in the



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United States. I authorize this agency or their authorized agent to make these inquiries, to investigate all statements in this application and to secure any necessary information from all my employers, references, government entities and academic institutions, and I agree to cooperate in this process. I further acknowledge and understand that if an adverse action against me based in whole or in part upon a consumer report provided by a consumer reporting agency, I will be informed of that fact, given a summary of my rights under the Fair Credit Reporting Act, provided with a copy of the consumer report, and given the name, address, and telephone number of the consumer reporting agency that provided the consumer report. I hereby release all parties from any and all liability arising from their giving or receiving any of the above mentioned information. I understand that if the results of the inquiry are not satisfactory in its judgment, any offer of employment may be withdrawn, or if employed, may result in my immediate dismissal. I acknowledge that information on the nature and scope of any report is available upon request.

3. **Employment at Will.** I understand and agree that nothing in this Applicant Supplemental Information form, the policy statements, personnel guidelines or employee handbook is intended to create an offer of employment or an employment contract between this agency and me. I understand and agree that employment and compensation will be on an at-will basis, meaning that my employment will be for no definite duration and can be terminated, with or without cause and with or without prior notice, at any time, at the option of either party. My signature below certifies that I understand that the foregoing is the entire understanding between this agency and me concerning the duration of my employment and the circumstances under which my employment may be terminated and supersedes all prior arrangements, understandings and representations.
4. **Compliance with Work Rules and Policies.** I agree that if I am employed I will abide by all work rules and policies of the employing agency and acknowledge that these rules and policies may be changed, interpreted, withdrawn, or added to at any time, at the agency's sole option, and with or without prior notice to me.

I hereby acknowledge that I have read, understand and agree to the preceding statements and to the best of my knowledge and belief, the information on the application form is true and correct. This authorization shall remain on file throughout the duration of my employment relationship (if any), and shall serve as ongoing authorization for this agency or their authorized agent to procure background reports at any time during my employment (if any).

Signature: _____ Date: _____