

GEORGIA DEPARTMENT OF REVENUE APPLICANT INFORMATION FORM

Name: (Please Print) _____
(First) (Middle) (Last)

The Department of Revenue is charged with the equitable administration of State Tax Laws, the regulation of the alcoholic beverage industry, and the timely collection, processing and deposit of revenues. Because of the sensitive, and at times controversial, nature of the Department's mission, it is necessary that Department of Revenue employees are held to a high employment standard and are in strict compliance with the tax and alcohol laws of the State of Georgia.

THEREFORE, ALL APPLICANTS SELECTED FOR VACANCIES WILL BE SUBJECT TO A BACKGROUND INVESTIGATION TO INCLUDE CRIMINAL RECORDS AND FINGERPRINT CHECKS, APPROPRIATE TAX FILING AND PAYMENT (INCLUDING ANY TAXES THE APPLICANT OR EMPLOYEE IS LEGALLY RESPONSIBLE FOR FILING AND/OR PAYING) AND EDUCATION AND EMPLOYMENT VERIFICATION. ALL EDUCATION AND EXPERIENCE LISTED ON YOUR APPLICATION IS SUBJECT TO VERIFICATION. YOU WILL BE ASKED TO PROVIDE VERIFICATION OF YOUR HIGHEST LEVEL OF EDUCATION. FALSIFYING INFORMATION ON ANY EMPLOYMENT DOCUMENT, INCLUDING OMITTING REQUESTED INFORMATION, MAY CAUSE APPLICANTS TO BE DISQUALIFIED FROM FURTHER CONSIDERATION AND SUBJECT TO DISCIPLINARY ACTION UP TO AND INCLUDING DISMISSAL.

DRUG FREE WORKFORCE -- ACT 1436 (GA. LAWS 1990)

The Department of Revenue is committed to a drug free work force and must be in strict compliance with Act 1436, "Drug Free Work Force Act of 1990". Please read the following statements very carefully. If you have any questions or would like to discuss this with someone before answering, please ask.

To be eligible for public employment you must be able to 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.

Based on this criterion **can you certify that you are eligible for public employment?**

Yes No

WORK PERMIT CITIZENSHIP

- 1) If you are 16 or 17 years of age, have you attached a copy of your work permit to your application?

N/A (If you are 18 or over) Yes No

- 2) Are you a U.S. citizen? Yes No

- 3) If you are not a U.S. citizen, are you legally authorized to work in the U.S.? (Proof of authorization to work will be required before you can be hired.) N/A (If you are a U.S. Citizen) Yes No

OUTSIDE EMPLOYMENT

The Department considers an employee's job within the Department of Revenue to be the primary employment. Management has the authority to require overtime work as necessary to carry out the Department's mission. Outside employment is not permitted if such employment constitutes a violation of law or regulation, is a conflict of interest with the Department's mission, or interferes with an employee's ability to effectively perform assigned duties and responsibilities. The Department must approve all outside employment.

If offered employment with the Department of Revenue, do you plan to continue any additional, outside employment?

No Yes (If yes, describe briefly below)

RELATIVES EMPLOYED BY THE DEPARTMENT OF REVENUE

You must list all relatives, including in-laws, who are currently employed by the Department of Revenue.

None

NAME

RELATIONSHIP

DIVISION

REPORTING EMPLOYMENT AND HISTORY

Applicants are required to accurately report at least their last **5 years of employment for Temporary/Seasonal positions** and **10 years of employment for Regular positions** if they have worked that long. Have you accurately reported your employment history on your application as required? Yes No (If no, attach necessary additional pages to your application)

CERTIFICATION

I certify that all information on this form is correct. I understand that any false answers on any employment document made by me or failure to clear any screening procedures, will be grounds to refuse employment or for immediate discharge. I also understand that forms 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.

Signature: _____

Date: _____