



STATE OF GEORGIA  
Public Service Commission

STANDARD APPLICATION FOR EMPLOYMENT

Daytime Telephone Number

E-mail Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name						First Name						Middle	
Maiden Name						Nicknames						Dates Used	
Street or Mailing Address											Apartment No.		
City						State			Zip Code			County	
Social Security Number						Date of Birth			U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No			Gender	

List Name(s) and relationship of any relatives who are currently employed by the PSC.

List three personal references (Name, city/state, phone number, email, relationship).

**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 18 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
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**TYPE OF WORK:**

Specific Job Title Sought	Requisition ID



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**SOURCE:**

**Please indicate how you heard about this job:**

- |   |   |
|---|---|
| <input type="checkbox"/> Agency Website                 | <input type="checkbox"/> Other                        |
| <input type="checkbox"/> Broadcast                      | <input type="checkbox"/> Professional Associations    |
| <input type="checkbox"/> Career Fair                    | <input type="checkbox"/> Referral                     |
| <input type="checkbox"/> Direct Mail                    | <input type="checkbox"/> Social Network Service       |
| <input type="checkbox"/> Job Board                      | <input type="checkbox"/> Talent Exchange              |
| <input type="checkbox"/> Magazines & Trade Publications | <input type="checkbox"/> <b>Team Georgia Careers</b>  |
| <input type="checkbox"/> Newspapers                     | <input type="checkbox"/> University/Campus Recruiting |
|   | <input type="checkbox"/> Unsolicited                  |

**EDUCATION:**

<b>High School Graduate or Equivalent (GED)?</b>						
<input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>College/Technical School</b>			<b>Program</b>			
<b>Institution</b>	<b>City/State</b>	<b>Education Level (Achieved)</b>	<b>Major</b>	<b>Hours</b>	<b>Minor</b>	<b>Hours</b>

**LICENSES AND CERTIFICATIONS:**

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



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**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 to the application.
- You may attach a resume to supplement your work history information.

<b>Current or Last Employer</b>	<b>Function</b>
<b>Start Date</b>	<b>End Date</b>
<b>Supervisor's Name</b>	<b>Supervisor's Title</b>
<b>Supervisor's Phone Number</b>	<b>May We Contact the Supervisor?</b>
<b>Achievements</b>	
<b>Employer</b>	<b>Function</b>
<b>Start Date</b>	<b>End Date</b>
<b>Supervisor's Name</b>	<b>Supervisor's Title</b>
<b>Supervisor's Phone Number</b>	<b>May We Contact the Supervisor?</b>
<b>Achievements</b>	
<b>Employer</b>	<b>Function</b>
<b>Start Date</b>	<b>End Date</b>
<b>Supervisor's Name</b>	<b>Supervisor's Title</b>
<b>Supervisor's Phone Number</b>	<b>May We Contact the Supervisor?</b>
<b>Achievements</b>	



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**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 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:

**EQUAL EMPLOYMENT OPPORTUNITY  
SELF IDENTIFICATION FORM**

The State of Georgia provides equal employment opportunities (EEO) to all employees and applicants for employment without regard 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 and 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 employment opportunity efforts of the State of Georgia and for no other reason. Your answers will be will not be used against you in any way.

**Race/Ethnicity**

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- Two or More Races
- White
- 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. 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

Agency Use: