CITY OF VIENNA

HUMAN RESOURCES DEPARTMENT
203 West Cotton Street
Vienna, Georgia 31092
(229) 268-4744 / (229) 268-6172 Fax
An Equal Opportunity Employer

Due to the City of Vienna's Nepotism Policy, the following information is needed in order to process your employment application.

Please list any and all relatives you have that are employed with the City of Vienna and what their relationship is to you.

Name	Relationship

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HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO _____

A criminal record does not constitute an automatic bar to employment and will be considered only as it relate to the job in question.

_____ _____

Signature Date

Georgia Bureau of Investigation
Georgia Crime Information Center

Consent Form

I hereby authorize _____
to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

_____
Full Name (print)

_____
Address

_____
City, State, Zip Code

_____	_____	_____	_____
Sex	Race	Date of Birth	Social Security Number

_____
Signature

_____
Date

Special employment provisions (check if applicable):

- ☐ Employment with mentally disabled (Purpose Code "M")
- ☐ Employment with elder care (Purpose Code "N")
- ☐ Employment with children (Purpose Code "W")

One of the following must be checked:

- ☐ This authorization is valid for 90/180/_____ (circle one) days from date of signature.

- ☐ I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

City of Vienna

POST OFFER OF EMPLOYMENT MEDICAL INQUIRY

Responses to these questions are completely confidential and will be utilized only if necessary to determine if any reasonable accommodation is required for any work you may perform, whether any health condition may pose a direct threat if injury to yourself or others, to assist with treatment of any work-related injury, or for any other lawful purpose.

Name: _____ Position: _____

To the best of your knowledge, do you have or have you had any of the following medical conditions? (For "Yes" responses, indicate the nature of injury or illness and name of physician in the remarks section.)

Answer Yes or No:

____1. Epilepsy
____2. Diabetes
____3. Arthritis
____4. Amputated foot, leg, arm or hand
____5. Loss of sight of one or both eyes or partial loss of sight
____6. Residual disability from Poliomyelitis
____7. Cerebral Palsy
____8. Multiple Sclerosis
____9. Parkinson's disease
____10. Cardiovascular disorders
____11. Tuberculosis
____12. Mental disability following confinement For treatment in a recognized medical or Mental institution for a period in excess of six months
____13. Hemophilia
____14. Sickle cell anemia
____15. Chronic Osteomyelitis
____16. Ankylosis on major weight-bearing joint.
____17. Muscular dystrophy
____18. Hearing loss
____19. Compressed air sequelas
____20. Shoulder injury or problems
____21. Back conditions (identify below)
    ____a. back injury
    ____b. back pain which required medical treatment
    ____c. back surgery
    ____d. degenerative disc. disease
    ____e. multiple back strains
    ____f. chronic back pain
    ____g. herniated disc.
____22. Neck conditions (identify below)
    ____a. neck injury
    ____b. neck pain which required medical treatment
    ____c. neck surgery
    ____d. degenerative disc disease
    ____e. multiple neck strains
    ____f. chronic neck pain
    ____g. herniated disc
____23. Sleep disorders
    ____a. sleep apnea
    ____b. narcolepsy
    ____c. insomnia
    ____d. hypersomnia
____24.Knee conditions(identify below)
    ____a. left knee surgery
    ____b. right knee surgery
    ____c. other (explain)
____25. Hip replacement surgery
____26. Swelling of any joint which required medical treatment
____27. Hernia
____28. Carpal Tunnel Syndrome
____29. Surgery (explain)

Remarks: _____
_____
_____

I, _____, attest that the above information is true and complete to the best of my knowledge.

Signature_____Date_____