APPLICATION FOR EMPLOYMENT

Date: _____

Position desired: _____ [ ] Full time [ ] Part time

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT'S STATEMENT

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and under certain circumstances the City has the same right.

I understand that the City reserves the right to require me to submit to a drug test, an alcohol test and/or medical examination to the extent permitted by law. I authorize the City of Conyers to investigate my driving record, my criminal record and my credit history; and I understand that an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends and others with whom I am acquainted. This inquiry would include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I further understand that the City of Conyers may contact my previous employers and I authorize those employers to disclose to the City all records and other information pertinent to my employment with them. I also authorize the City to provide truthful information concerning my employment with it to my future prospective employers, and I agree to hold it harmless for providing such information.

I certify that all of the information that I provide on this application and in any interview will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT.

_____ _____

Date Signature of applicant

PERSONAL DATA

(Please print.)

Name: _____ Social Security No. _____

Last First Middle

Present address: _____ Telephone No. _____

(Street and number)

_____ Cell Phone No. _____

(City / State / Zip code)

Previous address: _____ E-Mail Address _____

(Street and number)

_____ Are you 18 years of age of older? [ ] Yes [ ] No

(City /State / Zip code)

Have you ever used any other name(s) in your lifetime? If yes, list all names you have been known by in the past.

_____

Have you ever been employed by the City of Conyers before? [ ) Yes [ ] No. If Yes, please give dates and position.

_____

Do you have any friends or relatives working here? [ ] Yes [ ] No. If Yes, please give name and relationship.

_____

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime? [ ] Yes [ ] No

If Yes, please give date and details of each. _____

NOTE: Answering "Yes" to this question does not constitute an automatic bar to employment. Only those crimes which are substantially related to the position you are seeking will be considered.

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Present or Last Employer			Address Telephone number:	
Employed From (mo./yr.)	To (mo./yr.)	Name and Title of Last Supervisor		
Your Title or Position			Starting Salary $	Final Salary $
Reason for Leaving				

Present or Last Employer			Address Telephone number:	
Employed From (mo./yr.)	To (mo./yr.)	Name and Title of Last Supervisor		
Your Title or Position			Starting Salary $	Ending Salary $
Reason for Leaving				

Present or Last Employer			Address Telephone number:	
Employed From (mo./yr.)	To (mo./yr.)	Name and Title of Last Supervisor		
Your Title or Position			Starting Salary $	Ending Salary $
Reason for Leaving				

Have you ever been terminated or asked to resign from any job? [ ] Yes [ ] No. If Yes, please explain circumstances. _____

Please explain fully any gaps in your employment history. _____

May we contact your current employer? [ ] Yes [ ] No. If No, please explain. _____

PREVIOUS EXPERIENCE

Please indicate any actual experience that you have which you feel is relevant to the position for which you are applying.

_____

_____

_____

_____

EDUCATION

School Name	Years Completed (Circle)	Diploma / Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills, and Extra-Curricular Activities
Elementary	4 5 6 7 8			
High School	9 10 11 12			
College/University	1 2 3 4			
Graduate/Professional	1 2 3 4			
Trade or Correspondence				
Other				

PERSONAL REFERENCES

Please list persons who know you well – not previous employers or relatives.

Name	Occupation	Address (Street, City, State, Zip Code)	Telephone Number	Number of Years Known

DRIVING INFORMATION

Do you have a current driver's license? [ ] Yes [ ] No

State: _____ License No.: _____ Expiration Date: _____

Has your driver's license ever been suspended or revoked? [ ] Yes [ ] No

If Yes, please explain circumstances. _____

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF NINETY (90) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

_____ _____

Date Signature of Applicant

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

Completion of the information below is voluntary.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

Date: _____

Position(s) applied for: _____

Referral Source:

_____ Advertisement
_____ Employee
_____ Relative
_____ Walk-in
_____ School
_____ Government Employment Agency
_____ Private Employment Agency
_____ Other _____

Name of Source (if applicable): _____

Applicant's Name: _____

Street Address: _____

City/State/Zip Code: _____

As required, we comply with government regulations, including Affirmative obligations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

CHECK ONE: _____ **MALE** _____ **FEMALE**

CHECK ONE OF THE FOLLOWING RACE/ETHNIC GROUPS:	**CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:**
_____ Hispanic	_____ Vietnam Era Veteran
_____ Black	_____ Disabled Veteran
_____ White	_____ Disabled Individual
_____ American Indian / Alaskan Native	
_____ Asian / Pacific Islander	

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) applied for: _____

_____ Available _____ Not available

Hired: _____ Yes _____ No

Position hired for: _____

Date of hire: _____

EEO classification: _____

1. Officials and Administrators
2. Professionals
3. Technicians
4. Protective Service Workers
5. Paraprofessionals
6. Administrative Support
7. Skilled Craft Workers
8. Service-Maintenance

Notes:

_____

_____

_____

_____

_____

_____

Completed by: _____

Date: _____