CITY OF CEDARTOWN
EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

Employees of this organization are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the organization's elected officials. Each employee is expected to conduct him / herself in a manner which reflects favorably upon the organization and recognize that our employees are subject to additional public scrutiny in their public and personal lives.

PLEASE PRINT IN INK

NAME (As it appears on Social Security Card / Work Permit Card)	Last First M.I.		
SOCIAL SECURITY NUMBER			
ADDRESS			
CITY, STATE, ZIP			
HOME TELEPHONE	MESSAGE CONTACT Name Area Code Number		
DAYTIME TELEPHONE		ARE YOU AT LEAST 18 YEARS OLD? ☐ YES ☐ NO	
OTHER NAMES YOU HAVE USED:			
POSITION APPLIED FOR:		SALARY REQUIREMENTS:	$
REFERRED FOR THIS POSITION BY:		DATE AVAILABLE:	

HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION? ☐NO ☐YES WHEN? DEPARTMENT:

SUPERVISOR: REASON FOR LEAVING:

HAVE YOU EVER BEEN CONVICTED OF A FELONY? A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT ☐NO ☐YES If Yes, Give location, date, charge and disposition of case(s) on a separate page	IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION: I HAVE A VALID DRIVER'S LICENSE ☐ YES ☐ NO D.L.# STATE	CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? ☐ YES ☐ NO

U.S. MILITARY SERVICE

If you have served in the U.S. Military, please provide the following information:

_____
Branch of Service

From: _____ To: _____ _____
Dates Served Type of Discharge

EDUCATION / SKILLS

EDUCATIONAL LEVEL	NAME	CITY	STATE	CIRCLE YRS. COMPLETED	UNITS COMPLETED	DEGREE	MAJOR
HIGH SCHOOL				9 10 11 12			
COMMUNITY or JUNIOR COLL				1 2			
				1 2			
BUSINESS or TRADE SCHOOL				1 2			
COLLEGE or UNIVERSITY				1 2 3 4			
				1 2 3 4			
				1 2 3 4			
GRADUATE SCHOOL							

COMPUTER SOFTWARE SKILLS

COMPUTER SOFTWARE	Name of Software	Your Proficiency With The Software
Word Processing		☐ Skilled ☐ Competent ☐ Familiar
Spreadsheet		☐ Skilled ☐ Competent ☐ Familiar
Database		☐ Skilled ☐ Competent ☐ Familiar
Other		☐ Skilled ☐ Competent ☐ Familiar

LICENSES / CERTIFICATIONS / ORGANIZATIONS

PROFESSIONAL LICENSES and CERTIFICATIONS (Job Related)	TYPES OF LICENSES and CERTIFICATES	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO / YR

PROFESSIONAL, SCHOLASTIC and OTHER ORGANIZATIONS (Job Related)	NAME	DATE	NAME	DATE
Exclude memberships that indicate your race, religion, color, national origin, ancestry, sex, age, disability or veteran status				

JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED

EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEAR WORK HISTORY AND MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME

LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK.
BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS.

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ ☐ MONTHLY ☐ WEEKLY ☐ HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBLITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ ☐ MONTHLY ☐ WEEKLY ☐ HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBLITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ ☐ MONTHLY ☐ WEEKLY ☐ HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBLITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ ☐ MONTHLY ☐ WEEKLY ☐ HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBLITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ ☐ MONTHLY ☐ WEEKLY ☐ HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBLITIES _____

(ATTACH ADDITIONAL PAGE IF NECESSARY)

EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity.

_____

_____

(ATTACH ADDITIONAL PAGE IF NECESSARY)

REFERENCES

NAME _____
ADDRESS _____
CITY,STATE,ZIP_____
DAYTIME PHONE _____
RELATIONSHIP _____
(No Relatives)

NAME _____
ADDRESS _____
CITY,STATE,ZIP_____
DAYTIME PHONE _____
RELATIONSHIP _____
(No Relatives)

NAME _____
ADDRESS _____
CITY,STATE,ZIP_____
DAYTIME PHONE _____
RELATIONSHIP _____
(No Relatives)

NAME _____
ADDRESS _____
CITY,STATE,ZIP_____
DAYTIME PHONE _____
RELATIONSHIP _____
(No Relatives)

EMERGENCY CONTACT

NAME _____ RELATIONSHIP _____
ADDRESS _____ CITY, STATE, ZIP _____
HOME PHONE_____ BUSINESS PHONE _____

AUTHORIZATION AND AGREEMENT

I HEREBY AUTHORIZE YOU TO CONTACT: **MY PRESENT EMPLOYER(S):** ☐ **YES** ☐ **NO**
MY PAST EMPLOYERS: ☐ **YES** ☐ **NO**

As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background. Former employers, school record offices and personal, school and employment references may be contacted by a consumer reporting agency to verify and obtain information concerning your background, qualifications, school and work records. You may be asked to sign another form authorizing the release of school records or to supply grade transcripts. Information gathered about your background and qualifications will be used to help make a fair employment decision. This information will only be available to those participating in this decision or those who process employment applications. As part of this investigation, a check of criminal records will also be conducted by a consumer reporting agency. This agency may keep and use information it supplies to us in this investigation for its own business purposes. Further information such as the name of the consumer reporting agency or the nature and scope of such inquiry, if one is made, is available to you upon written request. You will also be given a separate disclosure and authorization to review and sign concerning any reports prepared about your background for us by a consumer reporting agency that compiled the report.

CA and MN only: check here ☐ if you wish to receive a copy of the consumer report directly from the consumer reporting agency that compiled the report.

I hereby authorize the employer, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize the employer and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorizations forms. I release the employer, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production of all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

As an employer, this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the Human Resources Manager.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.

I understand and agree that if I am applying for a law enforcement or jail position, I will be required to comply with all the requirements of the Peace Officer Standards and Training Board (or equivalent agency) required by the state. I further understand that any offer of employment is conditioned upon completing all those tests, including physical agility, to determine my fitness for this position.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by the organization at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.

SIGNATURE OF APPLICANT_____ DATE _____

FAIR CREDIT REPORTING ACT
Disclosure and Authorization Statement

To: All Applicants For Employment *(Please Read Carefully Before Signing Below)*

In processing my application for employment, I understand the employer, its representatives, employees or agents may obtain a consumer report and investigative consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens, and information about my criminal conviction background consistent with state and federal law.

I understand that upon written request to the employer, I will be informed whether an investigative consumer report through a consume reporting agency was requested and I will be given information as to the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or others with whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize this employer to obtain a consumer report and an investigative consumer report on me as part of the preemployment background and investigation process. If I am offered employment, I further authorize my employer to obtain additional consumer and investigative consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

_____

Name *(please print)*

_____

Signature Date Signed

(PLEASE RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)

ALL APPLICANTS MUST PROVIDE A

COPY OF THEIR DRIVER'S LICENSE

CITY OF CEDARTOWN

IN RE: EMPLOYMENT APPLICATION PROCESS

INFORMATION RELEASE AUTHORIZATION

The undersigned party, does hereby authorize the City of Cedartown to receive the following information concerning my application of employment with the City:

1. Any criminal history record information pertaining to me which may be in the files of any federal, state or local criminal justice agency;

2. A background credit information inquiry, including the furnishing of a general credit report to the City of Cedartown;

3. The checking of any and all references or background information furnished by me on this application, including the right to discuss matters pertaining to my employment, general background and similar matters contained in my application of employment for the City.

I understand that this authorization expires ninety (90) days from the date thereof. Further, in the event I am one of the finalist selected for a position of employment and there is a freedom of information request obtained by the City of Cedartown, I understand that upon notification to me, pursuant to the provisions of the Open Records Act, I may either decline further consolidation for employment with the City of Cedartown or my name and background information will be submitted as a finalist for the position to which I am applying with the City.

The relevant information for all inquiries needed concerning my employment application is as follows:

FULL NAME (PRINT) _____

LAST FIRST MIDDLE

SOCIAL SECURITY # _____ RACE: _____

DATE OF BIRTH: _____ SEX: _____

PRESENT ADDRESS: _____

I, _____, hereby release any information/criminal history to Heather Venable, City of Cedartown Human Resources.

_____ _____ _____

SIGNATURE / DATE HEATHER VENABLE, HUMAN RESOURCES

DO NOT WRITE BELOW / LAW ENFORCEMENT USE ONLY

_____ NO CRIMINAL HISTORY

_____ CRIMINAL RECORD HISTORY ATTACHED

_____ DATE

_____

LAW ENFORCEMENT AGENCY

_____

NCIC OPERATOR