

Application For Employment

City of Norcross, Georgia

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) Applied For _____ Date of Application _____

How Did You Learn About Us?

- Advertisement
 Employment Agency

- Friend
 Relative

- Walk-In
 Other _____

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip Code _____

Telephone Number(s) _____

Social Security Number and Drivers License Number _____ / _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes ___ No ___

Have you ever filed an application with us before?

Yes ___ No ___

If Yes, give date _____

Have you ever been employed with us before?

Yes ___ No ___

If Yes, give date _____

Are you currently employed?

Yes ___ No ___

May we contact your present employer?

Yes ___ No ___

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes ___ No ___

Proof of citizenship or immigration status will be required upon employment

On what date would you be available for work? _____

Are you available to work: Full Time ___ Part Time ___ Shift Work ___ Temporary ___

Are you currently on "lay-off" status and subject to recall?

Yes ___ No ___

Can you travel if a job requires it?

Yes ___ No ___

Have you been convicted of a felony within the last 7 years?

Yes ___ No ___

Conviction will not necessarily disqualify an applicant from employment

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title		Starting Final		
Supervisor				
Reason for Leaving				
2. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title		Starting Final		
Supervisor				
Reason for Leaving				
3. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title		Starting Final		
Supervisor				
Reason for Leaving				
4. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title		Starting Final		
Supervisor				
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any special job-related skills and qualifications acquired from employment or other experience.

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans and Individuals with Physical or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Ad of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Ad of 1973; as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap you are invited to volunteer this information which will be tax confidential. Failure to provide this information *will not* jeopardize *or* adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual _____

Disabled Veteran _____

Vietnam Era Veteran _____

Signed _____

Are you a veteran of the U.S. military service? Yes No ~ If Yes, which branch _____

Describe any job-related training received in the United States military _____

The City of Norcross is an "at will" employer.

Federally mandated drug testing will- be conducted for positions required to hold a Commercial Diver's License.

Additional Information

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

References

1. Name: _____ Phone #: _____

Address: _____

2. Name: _____ Phone # _____

Address _____

3. Name: _____ Phone # _____

Address _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____