



APPLICATION FOR EMPLOYMENT

INSTRUCTION SHEET

The applicant must complete the enclosed forms accurately, legibly, and completely. Do not leave any blank spaces. **PRINT ANSWERS** to questions with a **BLACK BALL POINT PEN OR USE A TYPEWRITER**. It is to your advantage to **BE ABSOLUTELY TRUTHFUL** in answering all questions on your application and during all interviews. A false statement or the omission of requested information is grounds for automatic rejection before appointment or termination after employment. Often, an applicant is suspended from the hiring process due to falsification or omission of information that would not have disqualified them otherwise. If you answer “yes” to a question, you need to be complete in explaining the circumstances. Do not omit an explanation because you think the incident was minor and of no importance. If the space on pages 25-27 is insufficient to complete your answers, please attach supplementary pages.

The following documents are **required to begin the application process** and must be returned with the application.

- **A COPY OF YOUR CURRENT/VALID DRIVER'S LICENSE**

The completed application and required documents must be returned to the Clarkston City Hall Annex - HR at the following address:

**Clarkston City Hall
City Clerk- HR Department
1055 Rowland Street
Clarkston, GA 30021**

****NOTE: Some pages require Notary.**

Upon submission, your application and supporting documents will be reviewed for completeness. If your application is incomplete, it will be returned to you. A thorough background investigation will be conducted on all applications. A medical examination will be required upon offer of employment.

If you have any questions concerning this process, please call the Clarkston City Hall HR Dept. at **(404) 296-6489**

EMPLOYMENT WAIVER

I, _____, HEREBY ACKNOWLEDGE THAT I FULLY UNDERSTAND THAT MY EMPLOYMENT WITH THE CLARKSTON COURT SERVICES DEPARTMENT IS CONTINGENT ON THE RESULTS OF THE INVESTIGATION OF MY BACKGROUND.

FURTHERMORE, I FULLY UNDERSTAND THAT IF THIS INVESTIGATION REVEALS ANY INFORMATION THAT WOULD PROHIBIT MY CONTINUED EMPLOYMENT WITH THIS DEPARTMENT THAT MY APPOINTMENT IS SUBJECT TO IMMEDIATE TERMINATION.

I, _____, WITHOUT ANY COERCION, VOLUNTARILY AGREE TO EXECUTE AND SIGN THIS WAIVER.

APPLICANTS SIGNATURE

SOCIAL SECURITY NUMBER

DATE

POSITION

WITNESS SIGNATURE

Date

The City of Clarkston Court Services Department,
3921 Church Street, Clarkston, GA 30021

Consent Form

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Clarkston Court Services Department, or to any authorized agent of a criminal justice agency or any private agency upon request of the City of Clarkston Court Services Department, whether such records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure of the of military service records; "Authority to release law enforcement or criminal records or information from a law enforcement agency;" educational institutions; financial or credit Institutions (including credit reports and ratings) and financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel whether representing me or another person in any case, either civil or criminal, in which I presently have or have had an interest; and social networking media.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the City of Clarkston Court Services Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

I also agree to pay any and all charges or fees concerning this request and can be billed for such charges at the below listed address.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I hereby give my consent for the City of Clarkston Court Services Department to receive any Georgia or III criminal history information pertaining to me, as authorized under state and federal law for individuals seeking employment with a criminal justice agency.

- Employment with a criminal justice agency – civilian (Purpose code 'J')*
 Employment with a criminal justice agency – P.O.S.T. certified (Purpose code 'Z')

One of the following must be checked:

- This authorization is valid for 90/180/____(circle one) from date of signature.*
 I, _____, give consent to the above named agency to perform periodic criminal history background checks for the duration of my employment with this agency.

Full Name (*print*)

Complete Address

Sex____ Race____ Date of Birth_____ Social Security Number_____

Applicant Signature (*Include maiden name*)
Date_____

Witness
Date_____

Notary Public_____ Date_____

PERSONAL DATA

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 Friend Walk-In
 Employment Agency Relative Other _____

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip Code _____

Telephone Number(s) _____ E-mail Address _____

Drivers License Number _____

-- Drivers' license is not a requirement for all positions with the City

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? If Yes, give date _____

Have you ever been employed with us before? 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 crime? Yes____ No____

--Conviction will not necessarily disqualify an applicant from employment

If Yes, please explain _____

Employment Experience

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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	Address	Supervisor's Name	Telephone Number (s)
Dates of Employment (Mon/Yr.) From To	Salary \$ per	Position	Reason for Leaving
Duties			
2. Employer	Address	Supervisor's Name	Telephone Number (s)
Dates of Employment (Mon/Yr.) From To	Salary \$ per	Position	Reason for Leaving
Duties			
3. Employer	Address	Supervisor's Name	Telephone Number (s)
Dates of Employment (Mon/Yr.) From To	Salary \$ per	Position	Reason for Leaving
Duties			
4. Employer	Address	Supervisor's Name	Telephone Number (s)
Dates of Employment (Mon/Yr.) From To	Salary \$ per	Position	Reason for Leaving
Duties			

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

EDUCATION

Circle the highest grade completed

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 _____ Other

If you graduated from high school, complete the following information:

Name of High School Dates Attended: From/ To

Street Number Street Name City State Zip

Telephone Number Date Graduated

If you received a GED certificate, complete the following information:

Name of School (If School No Longer Exists, List Name Of the Local Board Of Education)

Complete Mailing Address of School (If School No Longer Exists, List the Address Of The Local Board Of Education)

Year GED Obtained State GED Obtained

List any degrees that you have received: Such as A.A., A.A.S., B.S., M.P.A., ETC.

Type of Degree Major and Minor Area of Study Year Received

Type of Degree Major and Minor Area of Study Year Received

Since high school, have you ever been expelled or suspended from any school or been disciplined by any school official? Yes No If YES, explain:

NOTE: If requested, The applicant is responsible for furnishing a COPY OF HIS/HER HIGH SCHOOL DIPLOMA and SEALED COLLEGE TRANSCRIPTS (where applicable) at the applicant's own expense.

EDUCATION (continued)

List below any colleges, universities, vocational/technical schools/graduate schools that you have attended:

NAME OF SCHOOL	COMPLETE ADDRESS (INCLUDE STREET NUMBER, STREET NAME, CITY, STATE AND ZIP CODE)	DATES ATTENDED (MONTH AND YEAR)		MAJOR COURSE OF STUDY	DID YOU GRADUATE?
		FROM	TO		

Please list any technical skills that you have acquired and the extent of your proficiency:

Computers: Data processing __ (Proficiency) - Some knowledge Functional Expert
 Desktop publishing __ (Proficiency) - Some knowledge Functional Expert

Types of software/hardware used _____

Typing: _____ wpm

List any foreign language that you have learned and the extent of your proficiency:

Language _____ proficiency some moderate fluent

Language _____ proficiency some moderate fluent

List any other specialized training:

APPLICANTS SHOULD UNDERSTAND AND MUST AGREE TO THE FOLLOWING:

1. I understand that the City will rely on the information contained on this application form in extending any offer of employment, and I certify that the information I have provided contains no errors, omissions, or misrepresentations. I understand that City can take disciplinary action and/or terminate my employment at any time in the future should any information prove to be false or misleading.

2. Any employment offer and your employment is conditional until certain information has been satisfactorily reviewed and verified (i.e. if applicable: reference checks; credit checks (includes ability to obtain a credit card in positions that require travel); valid drivers' licenses, and criminal background checks.) The City may conduct a drug test and investigations, including Motor Vehicle Report (MVR), driver's license, criminal records, credit history, and verification of prior employment history, professional certifications and education. By signing this application I hereby grant permission to any person, firm, or corporation to release to the City or its representative any and all information regarding my past work or employment, and background. I waive any and all claims I might have with respect to the providing of such information.

3. If you are offered a position with the City, your employment will be conditional on your review of the Employee Handbook and signing of the 'Employee Handbook Acknowledgment Form.'

4 I understand that, during an initial six month probationary period, any City employment will be "at will" and that the City can terminate the employment relationship at any time during the probation period, with or without notice and for any lawful reason or for no reason.

5. I understand that my job responsibilities may require driving either a City vehicle or my personal automobile on City business. If applicable, I certify that I hold a valid driver's license. I understand that I may be required to maintain auto liability limits specified by the City.

6. I must provide proof of identity and authorization to work in the U.S. as required by the Immigration Reform and Control Act of 1986 within 3 work days on beginning employment.

7. I meet the minimum age requirements of applicable laws.

8. If you signed an employment agreement or confidentiality agreement or any other document with a prior employer that might restrict your activities if hired by the City, you must disclose this fact before a job offer is made. Failure to disclose such information is grounds for termination of your employment.

9. I understand that nothing in this application or the City's personnel ordinances, employee handbook, policies or procedures is intended to create, or does create, an employment contract between the City and me. I further understand and agree that if I am offered employment by the City, it will be on an "at will" basis during an initial six month probation period. This means that the City may terminate the employment relationship at any time for any reason with or without cause during the probationary period. I understand and agree that only the City Manager can enter into an agreement on any other terms of my employment, and that he or she can only do so in writing signed by him or her and the employee in question. Further, I understand and agree that this constitutes the entire agreement between the City and me with regard to this subject.

Printed Name _____

Applicant's Signature _____

Date _____

MILITARY SERVICE

Have you ever attempted to enlist in any branch of the United States Armed Forces? This can also include Reserves, National Guard, or Coast Guard.

YES NO If YES, what branch _____

Have you ever served in any branch of the United States Armed Forces? This can also include Reserves, National Guard, or Coast Guard.

YES NO If YES, what branch _____

What type of military discharge did you receive? (Honorable, Dishonorable, General, Under Honorable Conditions, Entry Level Separation, Medical, etc.) Be Specific:

APPLICANTS WHO HAVE SERVED IN THE MILITARY MUST COMPLETE THE FOLLOWING:

BRANCH OF SERVICE	ENLISTMENT PERIOD	HIGHEST RANK HELD	SERVICE NUMBER

CHARACTER / SOCIAL REFERENCES

Provide five (3) references (not relatives, those within your household, or employers) who are responsible adults of reputable standing in their communities, such as heads of households, property owners, business or professional men or women, who have known you well for the past five (5) years. Please confirm that all addresses and telephone numbers are current before you submit the application.

REFERENCE 1

NAME		RELATIONSHIP	HOME PHONE NUMBER		
HOME STREET #	HOME STREET NAME	CITY	STATE	ZIP CODE	
OCCUPATION		BUSINESS TELEPHONE NUMBER			

REFERENCE 2

NAME		RELATIONSHIP	HOME PHONE NUMBER		
HOME STREET #	HOME STREET NAME	CITY	STATE	ZIP CODE	
OCCUPATION		BUSINESS TELEPHONE NUMBER			

REFERENCE 3

NAME		RELATIONSHIP	HOME PHONE NUMBER		
HOME STREET #	HOME STREET NAME	CITY	STATE	ZIP CODE	
OCCUPATION		BUSINESS TELEPHONE NUMBER			

SWORN STATEMENT

I HEREBY SWEAR THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE. I ALSO UNDERSTAND THAT ANY MISSTATEMENTS, OMISSIONS, OR FALSIFICATIONS OF MATERIAL FACTS WILL SUBJECT ME TO DISQUALIFICATION AND TERMINATION FROM THE HIRING PROCESS, AND COULD RESULT IN CRIMINAL PROSECUTION UNDER OCGA sec. 16-10-20.

APPLICANT'S FULL LEGAL NAME (PRINT)

SIGNATURE OF APPLICANT

APPLICANT'S SOCIAL SECURITY NUMBER

DATE

NOTARY PUBLIC

DATE