

# 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  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 \_\_\_\_\_

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

Yes\_\_\_\_ No\_\_\_\_

Have you ever been employed with us before?

If Yes, give date \_\_\_\_\_

Are you currently employed?

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\_\_\_

Can you travel if a job requires it?

Yes\_\_\_\_ No\_\_\_\_



# 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			
5. 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

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
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.

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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 kept confidential. Failure to provide this information *will not jeopardize or adversely* affect your consideration for employment.

If 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 \_\_\_\_\_

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

*Federally mandated drug testing will be conducted for positions required to hold a Commercial Driver'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:*

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### **References**

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_



**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 the 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 driver's licenses, and criminal background checks.) The City may conduct a drug test and investigations, including MVR, driver's license, and 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. Your employment is conditional on your review of the Employee Handbook and your signing of the "Employee Acknowledgement Form".
4. I understand that any City employment will be "at will", and that either the City or I can terminate the employment relationship at any time, 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 at limits specified by the City and that I may be required to provide a Motor Vehicle Report (MVR) or the City may obtain a MVR as a prerequisite of employment.
6. I must provide proof of identify 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 have signed an employment agreement, 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 in the City's personnel guidelines, handbooks, 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. This means that either the City or I may terminate employment relationship at any time for any reason, with or without cause. I understand and agree that only the City Manager can enter into an agreement on any other terms, and he or she can only do so in writing signed by him or her and the employee in question. Finally, I understand and agree that this constitutes the entire agreement between the City and me with regard to this subject.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_