



4415 Senator Russell Ave.
 Acworth, GA 30101
 (770) 974-3112

Application for Employment

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 handicap, or any other legally protected status.

PLEASE PRINT

Position(s) Applied For	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number (voluntary)

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 Seasonal 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

EDUCATION

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

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.

Employer		Dates Employed		Work Performed
		From	To	
Address		Hourly Rate/Salary		
		Starting	Final	
Telephone Number(s)				
Job Title	Supervisor			
Reason for leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address		Hourly Rate/Salary		
		Starting	Final	
Telephone Number(s)				
Job Title	Supervisor			
Reason for leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address		Hourly Rate/Salary		
		Starting	Final	
Telephone Number(s)				
Job Title	Supervisor			
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		From	To	
Address		Hourly Rate/Salary		
		Starting	Final	
Telephone Number(s)				
Job Title	Supervisor			
Reason for leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address		Hourly Rate/Salary		
		Starting	Final	
Telephone Number(s)				
Job Title	Supervisor			
Reason for leaving				

Comments: Include explanation of any gaps in employment

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:

Indicate any foreign languages you can speak, read and/or write

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills, and extra - curricular activities.

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

ADDITIONAL INFORMATION

Other Qualifications

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

Specialized Skills	Check Skills/Equipment Operated		
_____ Computer	_____ Power Point	Other computer software (list): _____	Machinery (list): _____
_____ Word	_____ AS400	_____	_____
_____ Excel	_____ Typing _____ wpm	_____	_____
_____ Access	_____ Calculator	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied?
 A description of the activities involved in such a job or occupation is attached. YES NO

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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Interviewer

Date

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____

Name and Title

Date

NOTES _____

DISCLOSURE/AUTHORIZATION STATEMENT

By this document, the **City of Acworth** discloses to you that a criminal history report may be obtained for employment purposes, per City of Acworth, Code Section 62-143 as part of the background investigation. The City of Acworth may also obtain a motor vehicle report (MVR), per City of Acworth Code Section 62-11. (See attached codes.)

This shall authorize the procurement of a criminal history report by the City of Acworth as part of the employment background investigation. This authorization shall remain on file and **shall serve as an ongoing authorization** for the City of Acworth to procure criminal history reports and motor vehicle reports at any time during your employment period.

In connection to this request, I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement agencies, city, county, state and federal courts, motor vehicle bureaus, military services and persons to release information they may have about me to the person or company with which this form has been filed or their agent, City of Acworth, and release all parties involved from any liability and responsibility for doing so.

I also authorize the procurement of an investigative employment report and understand that it may contain information about my background, credit, mode of living, character, and personal reputation. This authorization, in original or copy of form, shall be valid for this and any future reports or updates that may be requested by the City of Acworth.

Additionally, I understand that I have the right to request additional disclosure as to the nature and scope of the investigation, upon written request, within a reasonable period of time.

I hereby authorize the City of Acworth to request and obtain any of the information set forth above for the purposes of obtaining employment with the City of Acworth.

Date

Print Full Name

Date of Birth

Social Security Number

Driver ID Number/State Issue

Signature

Section 62-11 Use of city vehicles

Employees driving city vehicles are required to have such driver's license for the vehicles being driven as are requested by state law, regardless of whether the employee drives the vehicle on a regular, occasional or other basis, and whether or not this requirement is included in the description of the class to which the employee was appointed. Violations citations, fines or other actions taken by any police jurisdiction against any employee while driving a city vehicle in violation of this section shall be the responsibility of the employee and may be cause for disciplinary action. Any person misusing or abusing city vehicles, using a city vehicle for other than approved purposes or taking a vehicle home when not approved by the city manager shall be subject to appropriate disciplinary action, including dismissal, if deemed appropriate.

(Ord. No 2000-26, 8-3-2000)

Section 62-143 Qualifications; evaluations

City employees shall meet the employment standards established by the position classification plan and such other reasonable minimum standards as to character, aptitude, ability to meet the public and physical condition as may be established by the personnel officer with the advice and recommendations of the department heads, provided, such minimum standards are necessary for satisfactory job performance and do not discriminate against any race, sex, nationality or religion. Discrimination in the employment of any person who is an applicant for a merit system position because of race, creed, color, sex, political affiliation or national origin shall be prohibited. The personnel officer shall review all applications to determine whether the applicant meets the qualifications established for the position. The personnel office and / or department head may conduct oral interviews. With the approval of the department head and the personnel officer, fingerprinting, check of arrest records, physical examination or other background checks maybe required if deemed a factor in job performance.

(Ord. No 2000-26, 8-3-2000)

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employees Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre screen job applicants or to re verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verifys photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  **Done.**

For more information on E-Verify, please contact DHS at:
1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

Este Empleador Participa en E-Verify



Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

IMPORTANTE: En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben

restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

A V I S O:

La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa,

o ha discriminado en contra suya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification.  **Done.**

Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA