

City of McDonough
APPLICATION FOR EMPLOYMENT
136 Keys Ferry Street
McDonough, GA 30253
www.mcdonoughga.org
(770) 957-3915



PERSONAL INFORMATION

Full Name (Last, First, Middle):	
Address:	City, State, Zip:
Cell Phone:	Alternate Number:
E-Mail Address:	

POSITION

Please submit a separate application for each position for which you are applying.

Position you are applying for:
Are you willing to work shift work (Nights, weekends, holidays, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any hours you cannot work?
Date available for employment:
What type of employment are you seeking? <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary
How did you learn of this opening?

GENERAL INFORMATION

Have you ever been employed with the City of McDonough? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	Department:
Are you related to anyone currently employed by the City of McDonough? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relative's Name:	Relationship:
Department:	

Can you submit legal verification of your right to work in the United States? Yes No

In accordance with the Immigration Reform and Control Act of 1986, proof of authorization to be employed will be required of all prospective employees, failure to establish such proof will prohibit or discontinue employment.

DRIVING HISTORY

Please complete this section if applying for a position that requires operating a vehicle or equipment

Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		CDL? Yes No
Which State?	Driver's License Number:	Date of Expiration:
Have you incurred any traffic charges within the last three (3) years? (Do not include parking tickets) <input type="checkbox"/> Yes No		
If yes, give dates and types of charges:		

EDUCATION*If position requires high school diploma/GED, advanced education, or specific certifications, please attach.*

Are you a high school graduate? Yes No If not a high school graduate, do you have a GED? Yes No

School Name	No. of Years Attended	Degree Received	Major

PERSONAL REFERENCES*List three (3) persons, not relatives or former employers, who have knowledge of your character and qualifications*

Name	Phone	Relationship	City & State

SKILLS AND TRAINING

Word Processing	<input type="checkbox"/> MS Word	<input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic
Spreadsheet	<input type="checkbox"/> MS Excel	<input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic
Presentation/Graphics	<input type="checkbox"/> MS Power Point	<input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic
E-Mail Programs	<input type="checkbox"/> MS Outlook	<input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic
Internet	<input type="checkbox"/> MS Internet Explorer	<input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic
Financial Programs	<input type="checkbox"/> Incode	<input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic
Keyboarding Speed	Words per Minute	

Other skills, computer programs, or software for which you are proficient:**List Machinery/Equipment you are proficient in operating.****Do you speak or read any language(s) other than English?** Yes No**If yes, which language(s):****If you have read the job description, are you able to perform all the duties listed in the job description?** Yes No**If you answered NO to the above, please explain what can be done to provide you with reasonable accommodation:****What skills, qualifications, or certifications have you gained from former employers or other experience which relate to the type of work for which you are applying?****Describe any job related training received in the United State military:**

EMPLOYMENT RECORD

*Describe your work history beginning with your current or most recent job. Include military and/or volunteer experience. Failure to give complete information regarding each job held may result in your disqualification. A resume may be attached but only as additional information. **You must complete the Employment Record Section. DO NOT STATE "Refer To Resume".***

Employer Name:		Telephone Number:
Address:	City, State, Zip:	
Job Title:	Supervisor's Name:	

Summarize the nature of work performed and job responsibilities:

Reason for leaving:

Dates Worked From:	To:	Ending Pay: \$	per
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Employer Name:		Telephone Number:
Address:	City, State, Zip:	
Job Title:	Supervisor's Name:	

Summarize the nature of work performed and job responsibilities:

Reason for leaving:

Dates Worked From:	To:	Ending Pay: \$	per
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Employer Name:		Telephone Number:
Address:	City, State, Zip:	
Job Title:	Supervisor's Name:	

Summarize the nature of work performed and job responsibilities:

Reason for leaving:

Dates Worked From:	To:	Ending Pay: \$	per
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EMPLOYMENT RECORD CONTINUED

Employer Name:		Telephone Number:
Address:	City, State, Zip:	
Job Title:	Supervisor's Name:	

Summarize the nature of work performed and job responsibilities:

Reason for leaving:

Dates Worked From:	To:	Ending Pay: \$	per
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Employer Name:		Telephone Number:
Address:	City, State, Zip:	
Job Title:	Supervisor's Name:	

Summarize the nature of work performed and job responsibilities:

Reason for leaving:

Dates Worked From:	To:	Ending Pay: \$	per
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In accordance with applicable Federal and State laws, the City of McDonough does not unlawfully discriminate on the basis of race, color, religion, national origin, disability, age, sex, or other legally protected status or classification, except where mandated or permitted by law. It is the policy of the City of McDonough to provide equal employment opportunity (EEO) for all applicants and employees. This EEO policy applies to all areas of employment including recruitment, hiring, training, promotion, compensation, benefits, transfer, and other terms and condition of employment. We offer assistance to applicants who may need reasonable accommodations with the application and/or interview process. Please notify the Human Resources Department if you need assistance.

APPLICANT'S SIGNATURE

I certify that the information given in this application is true and complete to the best of my knowledge. I understand that this application is not a contract of employment. I understand that submission of the application in no way assures me a position and that no City representative has the authority to enter into any employment agreement with me contrary to the foregoing.

I understand that failure to submit a complete application may disqualify me from consideration for a position.

I understand that any untrue statement in the application may result in my dismissal at any time during my employment with City of McDonough.

I authorize the release of high school and college transcripts, information concerning my previous employment, and any information my former employers may have pertinent to the application and the employment procedures of the City of McDonough. I release all parties from all liability for any damage that may result from requesting, providing, processing, retaining, or releasing any information about me. A photographic copy of this authorization shall be as valid as the original.

I understand resumes, letters of reference, certificates, etc., submitted with the application become the property of the City of McDonough and cannot be returned. The information I have provided on the application is subject to public disclosure under the Georgia Open Records Act.

By signing this application, I hereby acknowledge that I understand and agree to all provisions outlined herein.

Applicant's Signature:

Date:

City of McDonough
136 Keys Ferry Street
McDonough, Georgia 30253
770-957-3915

Georgia Bureau of Investigation
Georgia Crime Information Center

Consent Form

I hereby authorize City of McDonough to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Last, First, Middle):	
Address:	City, State, Zip:

Sex: Male Female

Race: White
 African American
 Asian
 Two or more races

Native American/Alaska
 Hawaiian/Pacific Islander
 Middle Eastern

Date of Birth:	Social Security Number:
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Signature:
Date:

Special employment provisions (check if applicable):

- Employment with mentally disabled (*Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

One of the following must be checked:

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