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

Please Type or Print, Use Black Ink **Date Received by Office:** _____

PERSONAL INFORMATION

Name: _____ S.S.# _____
(Last) (First) (Middle)

Present Address: _____
(Number) (Street) (City) (State) (Zip)

Home Telephone:_____ Cell/Business Telephone: _____

Position applied for (please submit a separate application for each position):

Title: _____

Date available for employment: _____

Are you willing to work shift work (Nights, weekends, holidays, etc.)?

( ) Yes ( ) No

Are there any hours you cannot work? _____

What type of employment are you seeking?

( ) Part Time ( ) Full Time ( ) Temporary

EDUCATION

Are you a high school graduate? ( ) Yes ( ) No If yes, please list below:

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

School	Name and Location	Major Course of Study	Completed	Type of Degree
High School			9 10 11 12	
Business/ Technical			1 2 3 4	
College			1 2 3 4	
Graduate School			1 2 3 4	

GENERAL INFORMATION

Have you ever been employed with the City of McDonough?	If yes, when?	Department/Office:	
Are you related to anyone currently employed by the City of McDonough? ( ) Yes ( ) No	Relative's name:	Relationship:	Department:
How did you learn of this opening?	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.

Have you ever been convicted and/or plead nolo contendere and/or plead guilty for felony or misdemeanor violation of Federal, State, County or Municipal law, regulation or ordinance other than misdemeanor traffic violations. Failure to list convictions may result in later dismissal. ( ) Yes ( ) No
If you answered yes, provide type of conviction, date of conviction and State.

_____

_____

_____

Note: A conviction record will not be a barrier to employment unless the conviction is directly related to the position.

Have you ever been a defendant in a lawsuit for an intentional tort? [ ] Yes [ ] No

What was the disposition of that lawsuit? _____

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. Complete addresses with zip codes and phone numbers for all employers are necessary. **A resume may be attached only as additional information and will not be accepted in lieu of completing this section**.

From – Month/Year To – Month/Year	Employer Telephone (Include Area Code)
Job Title	Address (Include Number, Street, City, State, and Zip Code)
Immediate Supervisor and Title	Summarize the Nature of Work Performed and Job Responsibilities
Reason For Leaving	Salary/Pay Start - $_____ per _____ Final - $ _____ per _____

From – Month/Year To – Month/Year	Employer Telephone (Include Area Code)
Job Title	Address (Include Number, Street, City, State, and Zip Code)
Immediate Supervisor and Title	Summarize the Nature of Work Performed and Job Responsibilities
Reason For Leaving	Salary/Pay Start - $_____ per _____ Final - $ _____ per _____

From – Month/Year To – Month/Year	Employer Telephone (Include Area Code)
Job Title	Address (Include Number, Street, City, State, and Zip Code)
Immediate Supervisor and Title	Summarize the Nature of Work Performed and Job Responsibilities
Reason For Leaving	Salary/Pay Start - $_____ per _____ Final - $ _____ per _____

From – Month/Year To – Month/Year	Employer Telephone (Include Area Code)
Job Title	Address (Include Number, Street, City, State, and Zip Code)
Immediate Supervisor and Title	Summarize the Nature of Work Performed and Job Responsibilities
Reason For Leaving	Salary/Pay Start - $_____ per _____ Final - $ _____ per _____

From – Month/Year To – Month/Year	Employer Telephone (Include Area Code)
Job Title	Address (Include Number, Street, City, State, and Zip Code)
Immediate Supervisor and Title	Summarize the Nature of Work Performed and Job Responsibilities
Reason For Leaving	Salary/Pay Start - $_____ per _____ Final - $ _____ per _____

May we contact your current employer? ( ) Yes ( ) No

REFERENCES

List below the names and addresses of three (3) persons (not relatives or former employers) who have knowledge of your character and qualifications.

Name			Name			Name		
Street Address			Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code	City	State	Zip Code
Telephone (Include Area Code)			Telephone (Include Area Code)			Telephone (Include Area Code)		

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?	Which State?	Drivers License Number:	Date of Expiration

For positions that require driving a city vehicle: Have you incurred any traffic charges within the last three (3) years? Do not include parking tickets. ( ) Yes ( ) No

If yes, give dates and type of charges.

SKILLS AND TRAINING

Typing ( ) WPM: _____ Word Processing ( ) Excel ( )

List Machinery/Equipment you are proficient in operating _____ _____
_____ _____
_____ _____
_____ _____

List any computer skills you possess and/or computer programs/software with which you are proficient:

Do you speak or read any language(s) other then English? [ ] Yes [ ] No

If yes, which language(s) _____

If you have read the job description, are you able to perform all 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 experiences which relate to the type of work for which you are applying?

_____

_____

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

_____

_____

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

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.

I understand that disclosure of my social security number on this application for employment is voluntary, that this information is solicited pursuant to the employer's policies, and that it is intended to be used for the purposes of identification and tracking by the employer in employment transactions.

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 _____
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 (print)

_____
Address

_____ _____ _____ _____-_____-_____
Sex Race Date of Birth Social Security Number

_____
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 90/180/____ (circle one) 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.