

CITY OF JONESBORO

124 North Avenue

Jonesboro, Georgia 30236

www.jonesboroga.com

EMPLOYMENT APPLICATION

THE CITY OF JONESBORO ONLY ACCEPTS APPLICATIONS FOR CURRENTLY POSTED POSITIONS. UNSOLICITED APPLICATIONS WILL NOT BE CONSIDERED.

TO APPLY: Applicants for employment must use the City's official application form. Resumes may not be submitted in lieu of this application. Completed applications may be submitted in-person at the Jonesboro City Hall, 124 North Avenue, Jonesboro, Georgia; or mailed to the City of Jonesboro City Clerk's Office, 124 North Avenue, Jonesboro, Georgia 30224; faxed to 770-478-3775; or e-mailed to rclark@jonesboroga.com For special communication needs, contact the City Clerk in-person or at 770-478-3800.

POSITION APPLIED FOR

JOB ANNOUNCEMENT NUMBER

INSTRUCTIONS: *Please print or type all information.* The application must be filled out accurately and completely. Do not leave an item blank. If an item does not apply, write N/A (not applicable). You may attach copies of documents or certificates which support your application. All materials submitted become the property of the City of Jonesboro and will not be returned. Nothing can be added to your application after the announcement period has closed. All statements made on this application are subject to verification. Exaggerated, false or misleading statements may be cause for rejection of the application and/or termination of employment. THIS APPLICATION AND ALL REQUIRED SUPPLEMENTAL FORMS MUST BE SIGNED BY YOU FOR YOUR APPLICATION TO BE CONSIDERED.

| 1. | PRESENT LEGAL NAME | | | | |
|----|--|---------|------------------------------|-------|--|
| | Last Name | | First Name | | M.I. |
| 2. | Email Address | | | emple | may be used for oyment related nmunication |
| 3. | HOME PHONE NUMBER | 4. DRIV | /ER'S LICENSE | | |
| | Area Code Number | Do yo | u have a valid Georgia licen | | No |
| | | Licens | e Type: Operator | CDL | Class |
| | CELL PHONE NUMBER Area Code Number | Endors | sements | | |
| | | | License # | State | Exp. Date |
| 5. | PRESENT ADDRESS | 1 | | | |
| | Street Address | Apt. # | ŧ | | |
| | City | | State | | Zip Code |
| | | | | | |

| 6. ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? Proof | Yes | No |
|---|-----|----|
| will be required in accordance with IRCA. | | |

THE CITY OF JONESBORO IS AN EQUAL OPPORTUNITY EMPLOYER APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO AGE, SEX, RACE, COLOR, RELIGION, NATIONAL ORIGIN, PHYSICAL OR MENTAL DISABILTY, GENETIC INFORMATION OR VETERAN'S STATUS.

| Do you have a: (check): Yes | 7. EDUCATION & SPEC | IAL TRAINING (proof o | f education must be included with | employment application |) | |
|---|------------------------|----------------------------|--|--|---|--|
| GED (nbck); Yes | Do you have a: | | | | | |
| Name and location of liss! HIGH SCHOOL ATTENDED: Name One One State List Special Training (Business, Trade, Vocational, Armed Forces Schools, etc.) Below: Courses or Subject Taken Courses or Other Information List Colleges & Universities Attended Below: | High School Diploma | (check): Ye | es No | | | |
| Name City State List Special Training (Business, Trade, Vocational, Armed Forces Schools, stc.) Below: Courses or Subject Taken Cortificates Earned or Other Information Image: State Sta | GED | (check): Y | es No | | | |
| List Special Training (Business, Trade, Vocational, Armed Forces Schools, etc.) Below: Courses or Subject Taken Cortificates Earned or Other Information List Colleges & Universities Attended Below: Image: Control of the Information Type Degree Program of Study Type Degree Earned Ist Colleges & Universities Attended Below: Image: Control of the Information Type Degree Earned Type Degree Earned Ist Colleges & Universities Attended Below: Image: Control of the Information Type Degree Earned Type Degree Earned Ist Colleges & Universities Attended Below: Image: Control of the Information Street Program of Study Type Degree Earned Ist Colleges & Universities Attended Below: Image: Control of the Information Street Program of Study Type Degree Earned Ist Colleges & Universities Attended Delisted assesserately in Scicton 9. Most Televant to the position for which you are applying. Different position of which you are applying. Different position of the Information you provide. If Additional spece and contract nonet received and the Information you provide. If Additional spece and continuation sheet. Periodics of unemployment should be listed assessarately in Scicton 9. NOTE: Complete addresses with city, state, zip codes and phone numbers are necessary. May we contact your present employer regarding your employment? Yes | Name and location of | last HIGH SCHOOL AT | TENDED: | City | State | |
| Name & Location Courses or Subject Taken Certificates Earned or Other Information List Colleges & Universities Attended Below: | | | | , | State | |
| Name & Location Subject Taken Other Information | List Special Training | g (Business, Trade, Voc | ational, Armed Forces Schools, et | c.) Below: | 1 | |
| Name and Location Major Degree Field or Program of Study Type Degree Earned Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study | | Name & Location | on | | | |
| Name and Location Major Degree Field or Program of Study Type Degree Earned Image: Study Image: Study Image: Study Type Degree Earned Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study Image: Study | | | | | | |
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| iobs with the same employer should be listed as separate jobs. Start with your PRESENT or MOST RECENT position & work back. BE SPECIFIC — all or part of your rating may depend on the information you provide. If additional space is needed, please use a continuation sheet. Periods of unemployment should be listed separately in Section 9. NOTE: Complete addresses with city, state, zip codes and phone numbers are necessary. May we contact your present employer regarding your employment? Yes | | | | | | |
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| Periods of unemployment should be listed separately in Section 9. NOTE: Complete addresses with city, state, zip codes and phone numbers are necessary. May we contact your present employer regarding your employment? Yes No | jobs with the same em | ployer should be listed a | s separate jobs. Start with your PRE | SENT or MOST RECENT | position & work back. BE | |
| (Job 1) Present or most recent Job Employer Mo. Yr. Mo. Hours per Week | Periods of unemploym | ent should be listed sepa | end on the information you provide. I arately in Section 9. NOTE: Comple | If additional space is neede te addresses with city, st | ed, please use a continuation sheet. tate, zip codes and phone | |
| From To Address Mo. Yr. Mo. Yr. Hours per Week | May we contact your p | resent employer regardii | ng your employment? Yes_ | No | | |
| Image: Note of the system o | | | Employer | | | |
| Inc. Inc. Phone Number Hours per Week | | | Address | | | |
| Hours per Week Supervisor's Name & Title Starting Salary \$per | | | | | | |
| Starting Salary | | | | | | |
| Last Salary per | | | | | | |
| Specific Duties Number of employees supervised (if applicable) (Job 2) Previous Job Employer From To Address Phone Number Phone Number Phone Number Your Job Title Supervisor's Name & Title Starting Salary per Last Salary per Specific Duties Specific Duties | | | Reason for Leaving Position | | | |
| Number of employees supervised (if applicable) | | | | | | |
| (Job 2) Previous Job Employer From To Mo. Yr. Mo. Yr. Hours per Week | | | | | | |
| (Job 2) Previous Job Employer From To Mo. Yr. Mo. Yr. Hours per Week | | | | | | |
| (Job 2) Previous Job Employer From To Mo. Yr. Mo. Yr. Hours per Week | | | | | | |
| (Job 2) Previous Job Employer From To Mo. Yr. Mo. Yr. Hours per Week | | | | | | |
| From To Mo. Yr. Mo. Yr. Hours per Week | Number of employees su | pervised (if applicable) _ | | | | |
| From To Mo. Yr. Mo. Yr. Hours per Week | (Job 2) Pre | vious Job | Employer | | | |
| Ind. Ind. Ind. Ind. Hours per Week | From | То | | | | |
| Hours per Week Starting Salary \$per Last Salary \$per Specific Duties | Mo. Yr. | Mo. Yr. | Phone Number | | | |
| Hours per Week Supervisor's Name & Title Starting Salary \$per Last Salary \$per Specific Duties | | | Your Job Title | | | |
| Last Salary \$per Specific Duties | | | | | | |
| Specific Duties | | | | | | |
| | | | | | | |
| | Specific Duties | | | | | |
| Number of employees supervised (if applicable) | | | | | | |
| Number of employees supervised (if applicable) | | | | | | |
| Number of employees supervised (if applicable) | | | | | | |
| Number of employees supervised (if applicable) | Number of our losses | non-lood (if any Product) | | | | |
| | Number of employees SU | perviseu (il applicable) _ | | | | |

| (Job 3) Previous Job | | | Employer | | | | | | | | |
|----------------------|----------|-------------------------|--------------|-----------|-----------|--------------|-------------------|----------------|----------------------------|--------------------------------------|-------------------|
| | rom | m Io Iotal Time Address | | | | | | | | | |
| Mo | . Y | r. | Mo. | Yr. | Yrs. | Mos. | Phone Number | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | - | | | | | | Reason for Le | aving Po | sition | | |
| Last | Salary | | Ф <u> </u> | p | er | | | | | | |
| Spec | ific Du | ties _ | | | | | | | | | |
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| Numl | per of | emplo | ovees s | upervise | d (if ap | olicable) | | | | | |
| | | (.lo | - h 4) Pr | evious | loh | , | Employer | | | | |
| F | rom | (00 | | Го | | al Time | | | | | |
| Mo | . Y | ′r. | Mo. | Yr. | Yrs. | Mos. | | | | | |
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| Hours | per W | /eek | | | | | | | itle | | |
| | | | | | | | - | | sition | | |
| Last S | Salary | : | \$ | p | er | | | | | | |
| Spec | ific Du | ties | | | | | | | | | |
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| Fro Mo. | m Yr. | Mo. | To Yr. | - | | | | | Explanation | | |
| 1110. | | 10. | | | | | | | Explanation | | |
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| 10. SI | PECIF | | (ILLS - | – List be | elow the | e job numb | er (1-4) from yo | ur Emplo | yment Record (Section | 8) & total number of months | of experience in |
| SKIIITU | iiiy ope | eratin | g the e | quipmen | t &/or to | otal numbe | r of months of su | bstantiai T | experience in craft(s), ti | ade(s), or technical profession | i(S). |
| Job | | | | | st of Off | | | No. of | Oth | List of All er Equipment Operated | No. of |
| Number | | | Ċ. | Related i | quipme | ent Operate | u | Months | our | | Months |
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| 11. Li | st mer | mbers | ship(s) | in profe | ssiona | I, job-relat | ed organization | s | | | · |
| _ | | | | | | | | | | | |
| _ | | | | | | | | | | | |
| 12. Li | st any | activ | /e profe | essional | , techn | ical, occu | pational license | s or cert | ificates & registrations | you now hold | |
| _ | | | | | | | | | - | | |
| _ | | | | | | | | | | | |
| 13. Li | st awa | ards, | comme | endation | s, or o | ther recog | nition received | for outs | tanding achievement in | n school, military service, yo | ur work, or civic |
| | | | | | | | | | | | |
| dı | unes_ | | | | | | | | | | |

| 14. | Have you ever used a legal name other tha If yes, indicate name(s) and dates used | | | _No | | |
|--|--|---------------------|------------------------------|---|-------------|--|
| 15. | MILITARY SERVICE. Did you serve in the Armed Services? Yes | No | Is your discharge honorable? | Yes <u>No</u> No | | |
| 16. | Have you ever worked for the City of Jones YesNo If yes, please give date(s) of employment Position title Department(s) | | Relationship to you | Yes No | | |
| 18. | | n was withheld? Yes | NoIf ye | bs, please give: Date ty. The nature of the | | |
| | 19. How did you learn about the position for which you are applying? — Check the response that applies Newspaper ad Visit to City Hall Georgia Department of Labor City Employee City Clerk Recruiting Program - Career Day High School City Website (please specify) Other Source (please specify) | | | | | |
| 20. | REFERENCES: List three (3) references wh Name & Occupation | | Address | Phone No. | Years Known | |
| | | | | | | |
| REQUIRED EDUCATION & BACKGROUND INFORMATION: The position announcement contains a description of the experience and/or education required for the position. Applicants are responsible for clearly explaining prior work experience &/or providing all information which supports the application at the time the application is filed. Proof of education from an accredited school must be submitted with the application. Nothing can be added to the application after the announcement period has closed. NOTE: Materials submitted with applications become the property of the City of Jonesboro & cannot be returned. IF THIS CLASSIFICATION REQUIREMENTS: In accordance with the Immigration Reform & Control Act of 1986 an employee must present proof of identity & eligibility to work in the U.S. within three days of employment. The Internal Revenue Service requires an employee to present a valid Social Security card. NOTE: Employment applications must be received at City Hall no later than 5:00 pm on the closing date (shown on the position announcement). Applications may be returned in-person; by mail to City Hall, 124 North Avenue, Jonesboro, Georgia 30236; faxed to 770-478-3775 or emailed to relark@jonesboroga.com IMPORTANT: Employment is contingent on verification of an applicant's employment & background record. Persons selected for employment must pass a post-offer medical examination by a City's designated physician. The medical examination may include testing for the use of drugs &/or controlled substances. All applicants & employees are subject to the City's Alcohol & Substance Abuse policy. APPLICANT: PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW. UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED. I hereby certify tha teach response on this application & and employees from any liability whatsoever in connection with such a medical examination or the use of the city of Jonesboro is true & correct. Lunderstand treck incomplete, or false statement or informat | | | | | | |
| Sig | nature of applicant | | Dat | e | | |



City of Jonesboro

124 North Avenue

Jonesboro, Georgia 30236

The City of Jonesboro is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, the City will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.

EEO-4 SELF-IDENTIFICATION INFORMATION FORM

The following information is requested for statistical reporting purposes to government agencies. The information you provide will not be sent to the department you are referred to for employment consideration.

| Date: | | |
|---------------------------|--------|------|
| Name: | | |
| Job/Position Applied for: | | |
| Date of Birth: | | |
| Sex: | Female | Male |

Race / Ethnic Categories (Check One)

_WHITE (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

BLACK (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

ASIAN OR PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for examples, China, India, Japan, Korea, the Philippine Islands and Samoa.

AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Do you have a disability that may require a reasonable accommodation in order to perform the essential functions of the job? If so, please specify:



City of Jonesboro Police Department

170 South Main Street

Jonesboro, Georgia 30236

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Authorization for Release of Personal Information & Criminal/Driving History

I ______, do hereby authorize the review and full disclosure of all records concerning myself to any duly authorized agents of the City of Jonesboro Police Department along with the Clayton County Police Department, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full disclosure of the records of educational institutions; financial or credit institutions, including records of commercial or retail credit agencies; including credit reports and/or ratings, and other financial statements wherever filed; medical and psychiatric treatment and/or consultation; including hospitals, clinics, private practitioners, and the United States Veterans Administration; employment and pre-employment records, including internal investigation reports, background reports, polygraph/cvsa exam results, efficiency and fit for duty reports, complaints or grievances filed by or against me, and the records; recollections of attorneys at law, or other counsel, whether representing me or another person in any case either criminal or civil, in which I presently have or have had an interest, and any other document or article of 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 as a candidate for employment by the City of Jonesboro. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this and hereby release them from any liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof; providing the notary seal or stamp is visible even though the said photocopy does not contain an original writing of my signature.

| Signature | | |
|----------------------------|-------------------|------------------------------|
| Address | | |
| City | State | Zip Code |
| Race Sex | Date of Birth/ | /Social Security |
| Sworn and subscribed in my | presence, thisday | (OFFICE USE ONLY) |
| of, 20 |) | Results of Background Check: |
| Notary Public | | Date: |
| (Place Commission Informat | ion & Seal) | Name: |
| | | Signature: |



City of Jonesboro Police Department

170 South Main Street Jonesboro, Georgia 30236

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Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of Jonesboro, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. section 50-36-1, I am stating the following with respect to my application for a City of Jonesboro, Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for ______.

[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1)_____ I am a United States citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

In making the above representation under oath, I understand that any person who knowingly makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date

Printed Name:

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20___

Alien Registration number for non-citizens

Notary Public My Commission Expires: _____

*Note: O.C.G.A. § 50-36-1)e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:



| FOR PERSONNEL DEPARTMENT USE ONLY | | | | |
|-----------------------------------|--|--|--|--|
| Arrange Interview 🗌 Yes 🗌 No | | | | |
| Remarks | | | | |
| | | | | |
| Employed 🗌 Yes 🗌 No | | | | |
| Job Title Hourly Rate/Salary | | | | |
| Department | | | | |
| By Date | | | | |