



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	Email may be used for employment related communication
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3. HOME PHONE NUMBER	
Area Code	Number
<input type="text"/>	<input type="text"/>
CELL PHONE NUMBER	
Area Code	Number
<input type="text"/>	<input type="text"/>

4. DRIVER'S LICENSE	
Do you have a valid Georgia license?	Yes _____ No _____
License Type:	Operator _____ CDL _____ Class _____
Endorsements	_____
_____	_____
License #	State Exp. Date

5. PRESENT ADDRESS		
Street Address	Apt. #	
<input type="text"/>	<input type="text"/>	
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

7. EDUCATION & SPECIAL TRAINING (proof of education must be included with employment application)

Do you have a:

High School Diploma (check): Yes _____ No _____

GED (check): Yes _____ No _____

Name and location of last HIGH SCHOOL ATTENDED: _____
 Name City State

List Special Training (Business, Trade, Vocational, Armed Forces Schools, etc.) Below:

Name & Location	Courses or Subject Taken	Certificates Earned or Other Information

List Colleges & Universities Attended Below:

Name and Location	Major Degree Field or Program of Study	Type Degree Earned

8. EMPLOYMENT RECORD — List all jobs held in the last ten years & any other jobs relevant to the position for which you are applying. Different jobs 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 _____ No _____

(Job 1) Present or most recent Job					Employer _____
From		To		Address _____	
Mo.	Yr.	Mo.	Yr.		Phone Number _____
				Your Job Title _____	
Hours per Week _____					Supervisor's Name & Title _____
Starting Salary \$ _____ per _____					Reason for Leaving Position _____
Last Salary \$ _____ per _____					

Specific Duties _____

Number of employees supervised (if applicable) _____

(Job 2) Previous Job					Employer _____
From		To		Address _____	
Mo.	Yr.	Mo.	Yr.		Phone Number _____
				Your Job Title _____	
Hours per Week _____					Supervisor's Name & Title _____
Starting Salary \$ _____ per _____					Reason for Leaving Position _____
Last Salary \$ _____ per _____					

Specific Duties _____

Number of employees supervised (if applicable) _____

(Job 3) Previous Job					
From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.

Hours per Week _____

Starting Salary \$ _____ per _____

Last Salary \$ _____ per _____

Employer _____

Address _____

Phone Number _____

Your Job Title _____

Supervisor's Name & Title _____

Reason for Leaving Position _____

Specific Duties _____

Number of employees supervised (if applicable) _____

(Job 4) Previous Job					
From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.

Hours per Week _____

Starting Salary \$ _____ per _____

Last Salary \$ _____ per _____

Employer _____

Address _____

Phone Number _____

Your Job Title _____

Supervisor's Name & Title _____

Reason for Leaving Position _____

Specific Duties _____

Number of employees supervised (if applicable) _____

9. LIST ALL PERIODS OF UNEMPLOYMENT DURING THE PAST 10 YEARS

From		To		Explanation
Mo.	Yr.	Mo.	Yr.	

10. SPECIFIC SKILLS — List below the job number (1-4) from your Employment Record (Section 8) & total number of months of experience in **skillfully** operating the equipment &/or total number of months of substantial experience in craft(s), trade(s), or technical profession(s).

Job Number	List of Office & Related Equipment Operated	No. of Months	List of All Other Equipment Operated	No. of Months

11. List membership(s) in professional, job-related organizations _____

12. List any active professional, technical, occupational licenses or certificates & registrations you now hold _____

13. List awards, commendations, or other recognition received for outstanding achievement in school, military service, your work, or civic duties _____



City of Jonesboro

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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, this ____ day
of _____, 20 ____.

Notary Public

(Place Commission Information & Seal)

(OFFICE USE ONLY)

Results of Background Check:

Date: _____

Time: _____

Name: _____

Signature: _____



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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 _____

NAME AND TITLE