

Mailing Address
Human Resources
P.O. Box 219
Douglasville, GA 30133

Telephone Number
678/715-6013



Employment Application

Street Address
6695 Church St.
Douglasville, GA 30134

Website: www.ci.douglasville.ga.us

Fax Number
770/920-3951

An Equal Opportunity Employer

We welcome and appreciate your interest in employment with the City of Douglasville. We are an equal opportunity employer. No question on this application is intended to secure information for discriminatory purposes.

Applicants are required to submit accurate, complete and truthful information in response to questions on this application, on a resume, and other information provided, including post-offer medical history information and information related to the post-offer drug test provided by the City's designated physician. Failure to do so will be grounds for rejection of this application. Applicants must provide supplemental written information where necessary to accurately and completely respond to questions. If the applicant selected for this position is not a City employee, his/her employment history will be checked for a minimum of two previous employers, or for the past ten years, whichever is greater. If the applicant is a City employee, a review of the employee's personnel file and a reference check of the immediate supervisor will be reviewed.

This form is part of the examination process. Before completing the application, consider the duties of the job with or without reasonable accommodation and minimum qualifications for the specific job for which you are applying. You must meet the minimum qualifications of the position to be considered.

The City of Douglasville reserves the right to disqualify any application which is incomplete. This application may be completed at your convenience; however, failure to provide required documents by the published recruitment deadline may result in disqualification. All applicants are required to complete an application form prior to interviewing for a position. (Resumes will not be accepted in lieu of completing the application but may be attached.)

Please Print or Type

Today's Date _____

Position Applied For _____

Social Security # _____

Last Name _____ First Name _____ Middle Initial _____

Have you ever used another name for work, school or other purposes? Yes No **If yes, provide below:**

Last Name _____ First Name _____ Middle Initial _____

Last Name _____ First Name _____ Middle Initial _____

Answer all questions completely and accurately. Notify us promptly of any change of address and/or telephone number.

Address _____ Apt. No. _____ City _____

State _____ Zip Code _____ Telephone _____ Alternate Telephone _____

FOR HUMAN RESOURCES DEPARTMENT USE ONLY		
Education Verified	Test Scores	Comments

Driver's License Information

If Commercial Driver's License (CDL) is required of the position for which you are applying, be sure you complete Supplemental Form II for positions which require the operation of a CDL vehicle and submit it with your application. **If the essential functions of the position for which you are applying require driving a vehicle of any kind, please complete this section:**

Do you have a current and valid driver's license _____ Yes ____ No

List all the restrictions on your current driver's license: _____

List all traffic offenses and citations you have received during the preceding three (3) years, excluding only parking tickets. Explain circumstances and disposition on Application Attachment II.

Have your driver's license been revoked, suspended, or restricted during the preceding three (3) years? **If yes**, explain on Application Attachment II.

 Driver's License Number State Class Expiration Date

Attach a copy of your current driver's license or show it to the receptionist for verification. Verified by: _____

Current Licenses/Certifications/Registrations:

Submit a copy of the required certification with this application.

Type _____ Number _____ Agency/State Issuing _____ Expiration Date _____

Type _____ Number _____ Agency/State Issuing _____ Expiration Date _____

Has your license/certification been denied, revoked, suspended, or subject to discipline by the licensing and/or professional authority?
 _____ Yes ____ No, **If yes**, provided details on a separate sheet.

Education History

Submit copy of transcript or diploma for highest level of education obtained with this application.

High School: Graduated? ____ Yes ____ No School: Name/City _____

G.E.D.: Received? ____ Yes ____ No Test Center: Name/City _____

Less than High School: Last Grade Completed _____ School: Name/City _____

Additional Academic/Vocational/Business Education

Additional Education

Name of School/City	Areas of Study	Trade School or College Sem. Hrs	Type of Certificate Received	Type of Degree Received

Employment History

List all employment (including military service) for at least the past 10 years or for your last 2 employers, whichever is greater. Begin with your present position and work back. **Explain any gaps in employment, school, or military service dates.** Attach additional sheets as needed. OPTIONAL: Additional information on your training and/or experience which relates to the job opening may be provided on attached sheets.

Commercial Driver's License (CDL) required? ____ Yes ____ No

From ____/____/____ to ____/____/____ Job Title _____
Month Year Month Year

Employer _____ Address _____

Supervisor Name _____ Supervisor Phone _____ Co-Worker Name/Phone _____

Job Duties _____

Reason for Leaving _____ Salary _____

Commercial Driver's License (CDL) required? ____ Yes ____ No

From ____/____/____ to ____/____/____ Job Title _____
Month Year Month Year

Employer _____ Address _____

Supervisor Name _____ Supervisor Phone _____ Co-Worker Name/Phone _____

Job Duties _____

Reason for Leaving _____ Salary _____

Commercial Driver's License (CDL) required? ____ Yes ____ No

From ____/____/____ to ____/____/____ Job Title _____
Month Year Month Year

Employer _____ Address _____

Supervisor Name _____ Supervisor Phone _____ Co-Worker Name/Phone _____

Job Duties _____

Reason for Leaving _____ Salary _____

Commercial Driver's License (CDL) required? Yes No

From ____/____/____ to ____/____/____ Job Title _____
Month Year Month Year

Employer _____ Address _____

Supervisor Name _____ Supervisor Phone _____ Co-Worker Name/Phone _____

Job Duties _____

Reason for Leaving _____ Salary _____

Please answer yes or no to the following questions and attach additional sheets as needed.

1. Have you previously worked for any department of the City of Douglasville or does the City presently employ you?
 Yes No **If yes**, what year? _____ Department _____
Department _____

2. Are you related to anyone working for the City of Douglasville? Yes No **If yes**, complete the following:
Department _____ Name _____ Relationship _____
Department _____ Name _____ Relationship _____

3. a.) Have you ever been disciplined or discharged for theft or related offenses by any employer? Yes No
If yes, state name and address of employer and explain the circumstances. _____

b.) Have you ever been disciplined or discharged for fighting, assault or related behavior by any employer? Yes No
If yes, state name and address of employer and explain the circumstances. _____

c.) Have you ever been disciplined or discharged for insubordination or violation of safety rules? Yes No
If yes, state name and address of employer and explain the circumstances. _____

d.) Have you been dismissed or asked to resign from any job whether or not listed on this application for other reasons?
 Yes No **If yes**, state name and address of employer and explain the circumstances. _____

e.) Have you served in the military service? Yes No
If yes, did you receive an honorable discharge? Yes No. **If no**, please explain. _____

(Note: Discharges that are less than honorable do not necessarily prevent employment and may only warrant further investigation.)

Conviction Record – Failure to answer the following question will disqualify you from further consideration of your application. Have you ever been **CONVICTED OF**, plead guilty to, or no contest to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offense (misdemeanors and/or felonies), in any court other than Juvenile Court? **Check one:** Yes No

If yes, complete Application Attachment II in detail. A conviction will not automatically exclude you from consideration for employment. The nature, seriousness, number of offenses, length of time since offenses, your work record with other employers after the offenses, and the nature of the position shall be considered.

RELEASE AND AUTHORIZATION – READ CAREFULLY BEFORE SIGNING

I certify that I have made no willful misrepresentation in this application, my resume and any other documents submitted by me, nor have I withheld information in my statements and answers to questions, and I confirm that the information provided on this application and any other documents I have submitted is true, correct and complete. I am aware that the information given by me in my application may be investigated. I agree to provide supplemental information if requested by the City of Douglasville's designee. I further understand that falsification or omission of information including post-offer medical history information provided to the City's designated physician are grounds for rejection of this application and, should I be employed, may be grounds for dismissal. I understand that if any information provided on this form or others should change between the date I submit this application and the date of any employment offer and/or hire date, that I must communicate those changes in writing to the Director of Human Resources or designee in a timely manner. I further understand that this application, resume, and any other documents attached become the property of the City of Douglasville and will not be returned. I understand and voluntarily authorize and request, without reservation, any party or agency contacted by the City of Douglasville including present and prior employers to furnish requested information to support my application as stated on the attached Pre-Employment Inquiry Release Form.

Signature _____ Date _____

NOTICE OF CONDITIONS OF EMPLOYMENT

I understand that as a condition of employment with the City of Douglasville, Georgia, I will be required to pass a drug test and agree to abide by the City's Alcohol and Drug Policy.

Signature _____ Date _____



Application Attachment I
CITY OF DOUGLASVILLE
 6695 CHURCH STREET
 P. O. BOX 219
 DOUGLASVILLE, GEORGIA 30133
 (770) 920-3000
 FAX (770) 920-3951

CRIMINAL HISTORY CONSENT FORM

Full Name (Please Print):			
Aliases (Include Maiden Name):			
Social Security #	DOB:	RACE:	SEX:
Street Address:			
City:	STATE:	ZIP:	
To Be Disseminated To:			
<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p>STATEWIDE CRIMINAL HISTORY REPORT</p> <p>I hereby request and authorize the Douglasville Police Department to receive a statewide criminal history pertaining to me, from the files of the Georgia Criminal Information Center (GCIC). This history should reflect any reportable offenses from all local and state criminal</p> </div>			
Signature:		Date:	

	<i>State of Georgia</i>
County of Douglas	
Signed before me this ____ day of _____, 20____, by _____.	
_____ Produced Identification	_____
Notary Seal	Notary Public, State of Georgia

Attention

In the event an adverse decision is made based on the information contained in this criminal history, the individual or agency making the decision is required, under penalty of law, to inform the record subject of all information pertinent to that decision. "This disclosure must include that a criminal history inquiry was made, the specific contents of the record, and the effect the record had upon the decision." Failure to do so can result in fines and/or imprisonment as provided for in OCGA 33-3-34(b) and GCIC 140-2.04(1)(b)(3).

DO NOT WRITE BELOW THIS LINE/POLICE DEPT USE ONLY	
A check of statewide criminal history files was conducted and revealed that the above named individual has no record <input type="checkbox"/> /the attached record <input type="checkbox"/> of ____ pages. However, this does not preclude the existence of a criminal record or additional records within Douglasville, Douglas County, the State of Georgia, or the United States. The recipient of this form is advised this report is based solely on the files of GCIC, that all offenses are not required to be reported to GCIC, and that the dissemination of certain protected criminal history information to individuals and employers is forbidden by law. Original to be placed in log book/Copy with raised seal to requestor	
Search Conducted by:	Date:
State of Georgia County of Douglas	
Signed before me this ____ of _____, 20____, by _____.	
_____ Personally Known	_____
Notary Seal	Notary Public, State of Georgia

Application Attachment III
Applicant Demographics Report

COMPLETION OF THIS FORM IS VOLUNTARY

The information you provide is used to enable the City of Douglasville to voluntarily comply with various laws and regulations that requires the city to file annual statistical reports on applicants for employment.

Information provided on this form is not part of the hiring process and is not considered by those involved in the hiring process. Qualified applicants and employees are considered without regard to race, color, religion, sex, national origin, age, marital status or disability.

Name: _____ Sex: ___ Male ___ Female

Date of Birth: ___/___/___

Position Applied for: *(Must indicate specific job title)* _____

EEO Classification

Specific Instructions: The categories below are designed to identify your basic racial and national origin category. If you are of mixed racial and/or national origin, identify yourself by the category with which you most closely identify yourself. Place a "check" next to the appropriate category. **Note: Check only one category.**

___ White (not of Hispanic Origin) ___ Black (Not of Hispanic Origin)

___ Asian or Pacific Islander ___ Hispanic ___ American Indian or Alaskan
Native Affiliation

Employment Eligibility Verification

In what Country were you born? _____

Have you the legal right to work permanently in the United States? ___Yes ___No

What documents can you show to prove your legal right to work in the United States?

___ Driver's License and Social Security Card ___ Certificate of U.S. Citizenship or Naturalization

___ "Green Card" ___ U.S. Passport showing U.S. Citizenship ___ Other (Specify) _____