

Application For Employment

CITY OF FOREST PARK
PERSONNEL DEPARTMENT
785 FOREST PARKWAY
FOREST PARK, GA 30297
(404) 608-2347

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

(PLEASE TYPE, PRINT IN INK OR COMPLETE, PRINT & SIGN USING ADOBE READER)

PERSONAL

Date: _____

Name: _____ Social Security Number: _____
Last First Middle Initial

Address: _____
No. Street City State Zip

Home Phone: _____ Best time to call: _____

Work Phone: _____ Best time to call: _____

Position applied for: _____ Date you can begin: _____

Have you ever been employed with us before? Yes No

If yes, give date: _____

Are you currently employed? Yes No May we contact your present employer? Yes No

Do you have a valid drivers license? Yes No State: _____ License#: _____
(If required by job)

Type of license: _____ Expiration date: _____

Have you been convicted of a felony within the last seven (7) years? Yes No

Conviction will not necessarily disqualify an applicant from employment. If yes, please explain below:

EMPLOYMENT RECORD:

EXPERIENCE: Begin with your present or last job and describe in detail all periods of employment including self-employment. Include military service and part-time employment. Account for your time during any intervals of unemployment other than those when you were attending school. Use additional sheet if necessary. (Note: Give complete address of street and city.)

| Name of Employer Address(Street & City) | Supervisor | Dates of Employment Month & Year | Position | Hrs./ Week | Salary | Reason for leaving |
|--|------------|-------------------------------------|----------|---------------|--------|--------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

Please provide specific information on your job duties for the position listed above. Include specific experience you have relating to the position you are applying for.

1. Employer Name: _____ Phone #: _____
Duties: _____
2. Employer Name: _____ Phone #: _____
Duties: _____
3. Employer Name: _____ Phone #: _____
Duties: _____
4. Employer Name: _____ Phone #: _____
Duties: _____
5. Employer Name: _____ Phone #: _____
Duties: _____

Note: A resume of your employment record will not be accepted in lieu of the above information, although you may include a resume as a supplement to the application.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

Have you ever had any job related training in the United States Military? Yes No

If yes, please describe:

Kind of office equipment operated:

Typing speed: _____ Shorthand speed: _____

Kind of machines, tools and motor equipment operated:

EDUCATIONAL BACKGROUND

Elementary School: Name _____ Location _____

Name _____ Location _____

High School: Name _____ Location _____

Name _____ Location _____

Highest school year completed: 1 2 3 4 5 6 7 8 9 10 11 12

High school graduation date: Month _____ Year _____

If you did not graduate, do you have a high school equivalency? _____

EDUCATION BEYOND HIGH SCHOOL

College or University: Name _____ Location _____

Attended From _____ To _____ No. years completed: 1 2 3 4

Did you graduate? _____ Degree/Certificate _____ Major subject _____

Graduate or Profession: Name _____ Location _____

Attended From _____ To _____ No. years completed: 1 2 3 4

Did you graduate? _____ Degree/Certificate _____ Major subject _____

Other Education: Name _____ Location _____

Attended From _____ To _____ No. years completed: 1 2 3 4

Did you graduate? _____ Degree/Certificate _____ Major subject _____

Describe any honors you have received:

APPLICANT'S CERTIFICATION AND AGREEMENT

AGREEMENTS:

PROBATION PERIOD – It is understood that I shall be considered a probationary employee for no less than six (6) months but no more than nine (9) months from date of hire. I may be discharged or laid off before the expiration of that period *without recourse*.

STATEMENT BY APPLICANT – I hereby certify that there are no willful misrepresentations, omissions or falsehoods in the foregoing statements and answers to questions and that the information I have provided in this application for employment is subject to verification by the City of Forest Park. I am aware that should an investigation disclose any misrepresentation, omission or falsification, my application may be rejected, or if already employed, my employment may be terminated.

Applicant's Signature _____ Date _____

Thank you for completing this application and your interest in
employment with the City of Forest Park.

FOR OFFICIAL USE ONLY

Verifications:

| | |
|------------------------------|----------------------------------|
| Social Security Card _____ | Work Permit _____ |
| High School Completion _____ | Drivers License _____ |
| College Transcripts _____ | Professional License/Cert. _____ |
| Military DD214 _____ | Reference Check _____ |

Test Results:

| | | |
|-----------------|-------------|------------|
| Typing _____ | Score _____ | Date _____ |
| Wonderlic _____ | Score _____ | Date _____ |
| Other _____ | Score _____ | Date _____ |

Arrange Interview: Yes ___ No ___

Notes: _____

Employed: Yes ___ No ___ Date of Employment: _____

Job Title: _____ Salary: _____ Department: _____

Personnel Director: _____ Date: _____