



Application for Employment

Attention: Human Resources
11360 Lakefield Drive
Johns Creek, Georgia 30097
Telephone: 678.512.3200

INSTRUCTIONS: *You must complete this application even if a resume has been submitted online. Type or print in ink. Please answer all questions completely and accurately. If more space is needed, attach additional sheets referring to an applicable section of the application.*

Position for which you are applying: _____

Name: _____
(Last, First, Middle)

Last Four Digits of SSN: _____

Address: _____
(Street, Apt. #)

(City, State, Zip Code)

Mobile Telephone: _____

Home Telephone: _____

Email Address: _____

Other Telephone: _____

Please answer the following questions:

Are you 21 years old or older? Yes No

Do you have a valid driver's license? Yes No

State: _____ License #: _____

Expiration Date: _____ Class: _____

Have you ever been employed by the City of Johns Creek or one of its contractors? Yes No If yes, when and in what capacity? _____

Are any members of your family or household employed by the City of Johns Creek or one of its contractors? Yes No

If yes, give name(s), relationship(s), and position(s) held: _____

Have you ever served on active duty with U.S. Armed Forces? Yes No If yes, what branch? _____

Date entered active duty: _____ Date discharged/separated: _____ Final rank: _____

List any other names under which you have worked, applied for work, or attended school: _____

Employment desired: Fulltime Only Part-Time Only Full- or Part-Time

If you are not available for work now, enter the earliest date you could begin work (mo./day/yr.): _____

Have you ever been discharged or asked to resign from any position? Yes No

If yes, give details: _____

If offered employment, will you be able to provide proof of identity/authorization to work in the U.S.? Yes No

Computer skills: MS Word Excel Outlook Power Point Other _____

General computer knowledge: Basic Intermediate Advanced

Other languages spoken: _____

The City of Johns Creek is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, ethnic origin, national origin, marital or veteran status, citizenship, age or disability.

EDUCATION

Name of High School:		Address: <i>(City, State, Zip)</i>		High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you did not graduate from high school, do you have a G.E.D. equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No				Type of G.E.D.: <input type="checkbox"/> Military OR <input type="checkbox"/> Civilian	
College/University Name & Address <i>(City, State, Zip)</i>	Dates Attended <i>(Month/Year) - OPTIONAL</i>		Credit Hours Earned		Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
	From	To	Quarter	Semester	
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Business, Trade, Technical Schools and Other Training	Dates Attended <i>(Month/Year) - OPTIONAL</i>		Hours Per Week	Certification Received	Area of Study
	From	To			

Professional Licenses/Certifications <i>(i.e., Engineering, Law, etc.)</i>	Date Issued	Date Expires	Issuing Agency	License #

EMPLOYMENT HISTORY

Complete the entire section in detail—do not use “see resume.” List chronologically all employment for the last 10 years including current, part-time, and volunteer employment. All periods of time must be shown. Any length of time not employed, indicate dates of unemployment. Please attach a separate sheet of paper for additional employment history, if necessary. You must complete addresses with zip code and telephone numbers for all employers. Failure to give complete information regarding each job held will result in disqualification.

May we contact your current employer for a reference? Yes No Later—Not at This Time

1. Name of Present/Most Recent Employer:			
Address:			
Job Title:			
From: Month	Year	To: Month	Year
Supervisor's Name:			Telephone:
Duties & Responsibilities:			
Reason for Leaving:			

EMPLOYMENT HISTORY *(continued)*

2. Name of Previous Employer:			
Address:			
Job Title:			
From: Month	Year	To: Month	Year
Supervisor's Name:			Telephone:
Duties & Responsibilities:			
Reason for Leaving:			

3. Name of Previous Employer:			
Address:			
Job Title:			
From: Month	Year	To: Month	Year
Supervisor's Name:			Telephone:
Duties & Responsibilities:			
Reason for Leaving:			

4. Name of Previous Employer:			
Address:			
Job Title:			
From: Month	Year	To: Month	Year
Supervisor's Name:			Telephone:
Duties & Responsibilities:			
Reason for Leaving:			

BACKGROUND

1. Have you ever been arrested, charged or received a notice or summons to appear for any criminal violations? Yes No
2. Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? Yes No
3. List all convictions. Attach additional sheet, if necessary. Cite code if known.

Offense	Conviction/Date	Location	Fine or Sentence

APPLICANT'S STATEMENT

*The following statements are general conditions for employment. This application does not constitute an offer for employment, merely the opportunity to compete for the position. Your application is subject to review and may be rejected at any time if shown that you do not meet the qualifications specified in the announcement for the position for which you are applying. **Please read and initial the following statements and sign and date this form for your application to be considered complete.***

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand that an investigation may be made and information may be obtained through interviews with personal references and past employers, a criminal history check and/or a driver's record check. I consent to this investigation and to the consideration of any statements of references, former employers or others that are given in response to the inquiry. _____

I hereby release all parties, including but not limited to the City of Johns Creek personal references and previous employers, from liability for any injury or damage that may result from their furnishing information concerning me or any action the City of Johns Creek takes on the basis of such information. _____

I understand that, if I am offered a job, as a condition of beginning my employment, I will be required to undergo a drug and alcohol test. I understand that failure to pass this test will result in the withdrawal of the employment offer. _____

I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me is contingent upon my ability to produce the required documentation within the time period required by law. _____

I understand that, upon employment, I will sign an agreement relating to confidential information, if required. _____

I certify that I am not bound by any employment contract or non-competition agreement that would be breached by any employment that might be offered to me by the City of Johns Creek, nor am I in possession of, nor will I at any time reveal to the City of Johns Creek under any circumstances, any proprietary or confidential information that is the subject of any contract, non-disclosure agreement or prior work relationship involving any other person or entity. _____

I certify that all statements on this application form and attachments are true and complete to the best of my knowledge. I understand that false, misleading or incomplete information shall be sufficient cause for disqualification or dismissal and other penalties as may be prescribed by law.

Clearly Print/Type Applicant Full Legal Name

Signature of Applicant

Date Signed

THIS APPLICATION WILL REMAIN ACTIVE FOR AT LEAST ONE (1) YEAR FROM DATE RECEIVED.

PLEASE MAKE A COPY FOR YOUR PERSONAL RECORDS BEFORE SUBMITTING.