



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)

Home Telephone: _____

Alternate 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				Date Received:	
College/University Name & Address <i>(City, State, Zip)</i>		Dates Attended (Month/Year)		Credit Hours Earned	
		From To		Quarter Semester	
				Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Type of Degree <input type="checkbox"/> Military OR <input type="checkbox"/> Civilian	
				<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 (Month/Year)		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 Not Applicable

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

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 Name

Signature of Applicant

Date Signed

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

PLEASE REQUEST A COPY FOR YOUR PERSONAL RECORDS WHEN SUBMITTED.



The City of Johns Creek
 Fire Department
 Written Application for Employment

[Attach this Form to Printed Online Questionnaire and Resume Submission]

Name: _____ Social Security Number: _____
(Last, First and Middle)

PERSONAL REFERENCES

Provide two (2) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation. Provide complete mailing addresses and telephone numbers.

Complete Name	Relationship:
Home Address:	Home Phone:
Business Address:	Business Phone:
Occupation:	# of Years Acquainted:

Complete Name:	Relationship:
Home Address:	Home Phone:
Business Address:	Business Phone:
Occupation:	# of Years Acquainted:

If you require special accommodations for testing, interviewing or any portion of the application or employment process, you must notify us immediately by completing the information below per the instructions:

Do you require special accommodations for any portion of the application process, testing, and/or interviewing phase?

Yes No

If "Yes," please explain: _____

Any request for special accommodations should be made, if at all possible, at the time your appointment is scheduled. If any accommodation is requested, you must provide verification from an appropriate professional.

Is verification or documentation regarding a request for special accommodations attached?

Yes No

APPLICATION STATEMENT

Please indicate that you have read and understand each paragraph of the Applicant's statement by placing your initials at the end of each paragraph).

I certify that the online questionnaire, resume, and this supplemental Written Application for Employment were completed by me and that all entries and information in this form and the attached, hereinafter "Application," are TRUE and COMPLETE to the best of my knowledge. I understand that false, misleading or omitted information in my Application may result in the rejection of my Application, the revocation of an offer of employment, or discharge. _____

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, through a credit check, a criminal history check and/or a driver's record check. This inquiry may include information as to, among other things, my character, general reputation and personal characteristics, as well as information about my work performance and workplace conduct. 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. If the City of Johns Creek decides to obtain a consumer credit report, I understand that the City of Johns Creek will provide, at my request, the name and address of the reporting agency so I may obtain from such reporting agency the nature and substance of information contained in such report. _____

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 physical pre-employment, alcohol and drug test, a polygraph examination, and a psychological evaluation. I understand that failure to pass all portions of these tests 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 this Application is not, and is not intended to be, a contract of employment and that any resulting employment is for no fixed period of time and is terminable at any time and for any reason by me or by the City of Johns Creek. I further understand that statements which may be contained in policies, practices, handbooks or other material do not create any guarantee of employment and that the City of Johns Creek has the right to modify, amend or terminate policies, practices, benefits plans or other programs within the limits and requirements imposed by law. I understand that no representative of the City of Johns Creek, other than the Chief of Police, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding. _____

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. _____

Signature of Applicant

Date

*THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR ONE (1) YEAR
FROM YOUR DATE OF ONLINE QUESTIONNAIRE AND RESUME SUBMISSION.*