



Internal Use Only

Q _____ NQ _____

Application for Employment

Position applied for: _____

Date: _____

Human Resources
 City Hall
 5047 Union Street
 Union City, Georgia 30291

All information provided on this application MUST BE COMPLETE so that all applications can be given equitable consideration. All qualified applicants will receive consideration for employment regardless of race, color, sex, genetic information, sexual orientation, gender identity, religion, national origin, citizenship, age, disability, or pregnancy. This application must be typed or printed. Please complete one application for each position for which you are applying.

**YOU MUST SIGN AND DATE YOUR APPLICATION IN INK
 RESUMES ARE NOT ACCEPTED IN LIEU OF A COMPLETED APPLICATION**

INCOMPLETE APPLICATIONS MAY BE REJECTED

Personal Data

Salary Requirement: _____

Last Name First (given) Middle Other name(s) under which you have been employed

Address: Street Apt # City State Zip Code

E-mail Address: _____

Telephone: _____
 Home Phone # Work Phone # Cell Phone #

How did you hear of this opening? _____ Date available to begin: _____

WILL YOU ACCEPT: Temporary Work? Weekend/Holiday? Shift Work? Part-Time Work?
 (Check all that apply)

Are you over 18 years old? Yes No Are you eligible to work in the United States either because you are a U. S. citizen or have U. S. government permission to do so? Yes No

NOTE: If offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in a determination that you are ineligible for employment in the United States.

Have you ever worked for the City of Union City before?

Yes No If yes, when and where? _____

Give name, relationship, & department of any relatives who are employed by the City of Union City.

DRIVER'S HISTORY INFORMATION

Do you have a valid Drivers License? Yes No

_____ License # _____ Class _____ State

Have you received any traffic violations in the past 7 years? Yes No If yes, list type of offense and dates:

CRIMINAL HISTORY INFORMATION

Have you (since the age of 17) ever been convicted of or plead guilty or no contest to a misdemeanor? (for example: DUI, Bad Checks, etc.) Yes No (Omit non-moving traffic violations/parking tickets and any offense which was finally adjudicated in a Juvenile Court or under a Youth Offender Law). If yes, describe the circumstances: (Date, Place, Charges, Disposition). Use additional sheets if necessary.

Have you (since the age of 17) ever been convicted of or plead guilty or no contest to a felony? Yes No If yes, describe the circumstances: (Date, Place, Charges, Disposition). Use additional sheets if necessary.

NOTE: An applicant convicted of a criminal offense involving the manufacture, distribution, trafficking, or sale of a controlled substance, dangerous drugs or marijuana, or convicted of any felony involving a violent crime such as assault with a deadly weapon, aggravated assault or murder are ineligible for employment with the City of Union City. Such applicants shall be automatically rejected. Applicants convicted of any other felony will be considered on a case-by-case basis. Having received a pardon from the appropriate State Pardons and Parole Board will not automatically disqualify or qualify an applicant from employment

Have you ever been suspended, demoted, dismissed or asked to resign from any job? Yes No If yes please explain in detail:

"We are an Equal Opportunity Employer"

EDUCATION

High School

Address: _____
 (name of the high school or state authority issuing the diploma or certificate)

Check highest grade completed: 7 8 9 10 11 12 Graduated? Yes No

If not a high school graduate, do you have a GED? Yes No

Colleges/Universities/Technical Schools

Please complete the following section for post-secondary education (Technical Schools/Colleges/Universities):

Name of School	City	State	If No Degree, Hours Earned		Major	Type of Degree	Degree Earned yes/no
			Quarter	Semester			

Describe any specialized training, qualifications, apprenticeship, skills, and extra-curricular activities relating to the position for which you are applying. Include office equipment, computer skills, foreign language skills, typing skills, and machine operating skills which may relate to the position for which you are applying. Use additional sheets if necessary.

REFERENCES - Give names, addresses, and telephone numbers of three (3) references that ARE NOT related to you and ARE NOT previous employers.

1. _____
 Name Phone #

Address: Street Apt # City State Zip Code

2. _____
 Name Phone #

Address: Street Apt # City State Zip Code

3. _____
 Name Phone #

Address: Street Apt # City State Zip Code

Work History

Describe your past (10) years of work history beginning with your current or most recent job. Include military and volunteer experience and periods of unemployment. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes and telephone numbers for all employers are necessary. A resume may be attached only as additional information and will not be accepted in lieu of completing this section. Use additional sheets if necessary.



Name of Organization or Firm: _____ Telephone: _____

Address: _____ Dates Employed: _____
Street From Mo/Yr To Mo/Yr
City State Zip Code Total Time Employed

Name of Your Supervisor: _____ Starting Pay _____ End _____

Your Official Job Title: _____

Specific reason for leaving: _____

Describe Your Specific Job Duties: _____



Name of Organization or Firm: _____ Telephone: _____

Address: _____ Dates Employed: _____
Street From Mo/Yr To Mo/Yr
City State Zip Code Total Time Employed

Name of Your Supervisor: _____ Starting Pay _____ End _____

Your Official Job Title: _____

Specific Reason for Leaving: _____

Describe Your Specific Job Duties: _____





Name of Organization or Firm: _____ Telephone: _____

Address: _____ Dates Employed: _____
Street From Mo/Yr To Mo/Yr

_____ Total Time Employed
City State Zip Code

Name of Your Supervisor: _____ Starting Pay _____ End _____

Your Official Job Title: _____

Specific Reason for Leaving: _____

Describe Your Specific Job Duties: _____



Name of Organization or Firm: _____ Telephone: _____

Address: _____ Dates Employed: _____
Street From Mo/Yr To Mo/Yr

_____ Total Time Employed
City State Zip Code

Name of Your Supervisor: _____ Starting Pay _____ End _____

Your Official Job Title: _____

Specific Reason for Leaving: _____

Describe Your Specific Job Duties: _____

Please use this space for additional information pertinent to your education, training and experience:



**Authorization to Release Information
Conditions of Employment**

I have made application for employment with the City of Union City, Georgia. I authorize any persons or organizations to give the City of Union City any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, whether or not it is in their records, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage whatsoever for issuing same. _____ Initials

Furthermore, if I am employed by the City of Union City, I agree to conform to the policies, rules, orders and regulations of the government set forth in the City of Union City employee handbook, policies, and ordinances; and acknowledge that these policies, rules, and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option. _____ Initials

I further acknowledge that if I become employed with the City of Union City, my employment will be at will and may be terminated with or without cause at any time by me or by the employer. _____ Initials

If required by the City of Union City I consent to undergo a physical examination and/or psychological examination as deemed necessary after I have received a conditional offer of employment. _____ Initials

THIS APPLICATION WILL REMAIN ACTIVE FOR NINETY (90) DAYS ONLY.

Before an applicant can be employed with the City of Union City, Georgia they must successfully pass a drug and alcohol test and a pre-employment physical examination. Should you become an employee with the City of Union City, Georgia, you may be subject to random drug testing.

May we contact your present employer? Yes No presently not employed

You must sign the "Authorization to Release Information" form to enable us to contact prior employers, even if we may not contact your present employer.

Signature

Date

Sworn to and Subscribed Before Me

This _____ Day of _____, 20__

Notary Public: _____

Notary Expiration: _____



Alcohol and Controlled Substance Testing

As a condition of employment with the City of Union City, you will be required to submit to an alcohol and drug test. Employees must, as a condition of employment, abide by city policies regarding the effects of drug use and the unlawful possession of controlled substances. Employees are expected to report for work without the effects of illegal drugs and alcohol in their bodily systems. Employees must report any conviction under a criminal drug statute within five (5) days after the conviction. (This requirement is mandated by the Drug-Free Workplace Act of 1988). In order to be employed by the City of Union City, you must successfully pass the aforementioned testing.

By signing this form, I acknowledge the above and consent to such an examination and test.

Date: _____ Applicant's Signature: _____



Applicant's Certification and Agreement

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I am aware that the falsification of this application or the omission of complete information will result in disqualification, or upon discovery, termination of employment. The City of Union City is hereby authorized to make any investigation of my prior educational and work history. Finally, I agree that all records generated for purposes of employment are property of and shall remain the sole and exclusive property of the City of Union City.

Date: _____ Applicant's Signature: _____

All materials submitted with the application become the property of the City of Union City and will not be returned. The information you have provided on the application is subject to public disclosure under the Georgia Open Records Act.



Applicant's Certification of Employment Eligibility

By my signature below, I certify that I am eligible to work in the United States.

Date: _____ Applicant's Signature: _____

ALL OFFICIAL APPLICATIONS MUST CONTAIN ORIGINAL SIGNATURES



RELEASE OF CRIMINAL HISTORY CONSENT FORM

The intent of this authorization is to give my ongoing consent for full and complete disclosure of my criminal history.

Form with fields for Last Name, First Name, Middle, Social Security Number, Height, Weight, Eye Color, Hair Color, Date of Birth, Sex, Race, Street Address, Apt #, City, State, Zip, Code.

I authorize the City of Union City Police Department to obtain my criminal history record from the NCIC/GCIC database. I understand this request will only be used for employment purposes.

Signature of applicant

* Signature of Parent/Guardian

* Parental/Guardian consent is required for applicants under age 18

Employment provisions (check all that apply):

- General Employment
Employment working with children
Employment with criminal justice agency - non-sworn (i.e. police dept. records technicians, intake clerks)
Employment with criminal justice agency - sworn (i.e. Police Officer or Communications Officer)

Where information provided through your criminal history indicates criminal charges outside the State of Georgia, it is the applicant's responsibility to provide the City of Union City Human Resources Department with a copy of all criminal history records in all other applicable states. Failure to provide the required information may result in the disqualification of your application.

Note: Unless all blanks are completed on this form and the form is notarized no information will be released.

Sworn to and Subscribed Before Me

This ___ Day of ___, 20__

Notary Public: _____

Notary Expiration: _____



**AUTHORIZATION TO OBTAIN
MOTOR VEHICLE RECORD**

I understand that driving a City of Union City vehicle (or my own vehicle, as required) is a requirement of the position I am being considered for and that per City Policy, having and maintaining a satisfactory driving record is a condition of my employment. I hereby authorize the City of Union City Human Resources Department to obtain any information in my files pertaining to my driving record for the time period of my employment.

This release is executed with full knowledge and understanding that the information is for official use by the City of Union City for purposes of employment or underwriting of insurance and will not be used for any other purpose.

Consent is granted for the City of Union City to furnish such information as described above to third parties in the course of fulfilling its official responsibilities.

Full Name _____ Female Male
Last First Middle

Date of Birth: _____ Driver's License Number: _____ State Issued: _____

License Expiration Date: _____ Request: _____ Three-Year _____ Seven-Year _____

Signature: _____ Date: _____

Sworn to and Subscribed Before Me

This _____ Day of _____, 20__

Notary Public: _____

Notary Expiration: _____