



# APPLICATION FOR EMPLOYMENT

CITY OF CHAMBLEE  
5468 Peachtree Road  
Chamblee, GA 30341  
(770) 986-5010

The City of Chamblee is an equal opportunity employer. It adheres 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.

**Instructions: 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. **You must complete this application even if a resume is attached.**

Position applying for: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Number Street Apt. #

\_\_\_\_\_ Business Telephone: \_\_\_\_\_  
City State Zip Code

Email Address: \_\_\_\_\_ Other Telephone: \_\_\_\_\_

Please answer the following questions. If a question has a "Yes" or "No" answer, **please place a √ in the correct parenthesis.**

Are you now or have you ever been employed by the City of Chamblee? ( ) Yes ( ) No

Are any members of your family or any relative (by blood or marriage) employed by the City of Chamblee? ( ) Yes ( ) No  
If yes, give name, relationship and where employed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever served on active duty with U.S. Armed Forces? ( ) Yes ( ) No

If yes, what branch? \_\_\_\_\_

Date entered active duty: \_\_\_\_\_

Date discharged or separated: \_\_\_\_\_

Final rank: \_\_\_\_\_

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

Employment desired:

- Full-Time 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.): \_\_\_\_\_

Are you over age 18? ( ) Yes ( ) No

Do you have a driver's license? ( ) Yes ( ) No  
What state? \_\_\_\_\_ Exp date: \_\_\_\_\_ Class: \_\_\_\_\_

Do you speak any foreign languages? ( ) Yes ( ) No  
If yes, which ones? \_\_\_\_\_

Give the name of any profession (Engineering, Law, etc.), which you are licensed to practice. Give date of issuance, expiration date, license number, and the state from which received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you **did not graduate** from high school do you have a G.E.D. equivalent? ( ) Yes ( ) No

Date received: \_\_\_\_\_

Is G.E.D.: Military or Civilian (Circle One)

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 and authorization to work in the U.S.? ( ) Yes ( ) No

**EDUCATION:**

Circle last grade of school completed 1 2 3 4 5 6 7 8 9 10 11 12	Name of High School	Location		Did You Graduate? (Circle one) Yes No	
Colleges or Universities Attended and Location	<u>Dates of Attendance</u> From To	<u>Hours Earned</u> Qtr. Semester	Major	Degree Level Received	Year Awarded
Business, Trade, Technical Schools and other Training	<u>Dates of Attendance</u> From To	No. of Hours Per Week	Certificates Received	Subject Taken	

**EMPLOYMENT HISTORY:**

Please read these instructions carefully before beginning. **Complete the entire section in detail: do not use "see resume."** Give a complete record of your employment, starting with your present or most recent position and working back to your first job. Volunteer work may be counted, but you must list the word "Volunteer" or "Unpaid" in the salary space. Attach additional sheets as necessary if there are not enough blocks to cover your entire work history.

May we contact your current employer for a reference?    ( ) Yes    ( ) No    ( ) Not Applicable	
Name of Employing Agency, Company or Institution: _____ Address: _____ Phone No.: _____  Name and title of your immediate supervisor: _____ Your job title: _____  Description of your duties and responsibilities: _____ _____ _____ _____	From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ If part-time or volunteer – number of hours/week: _____ Beginning salary: \$ _____ Ending salary: \$ _____ Number of employees you supervised: _____ Machines or equipment you operated: _____ _____ _____ _____ _____ Your reason for leaving: _____ _____

Name of Employing Agency, Company or Institution: _____ Address: _____ Phone No.: _____  Name and title of your immediate supervisor: _____ Your job title: _____  Description of your duties and responsibilities: _____ _____ _____ _____	From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ If part-time or volunteer – number of hours/week: _____ Beginning salary: \$ _____ Ending salary: \$ _____ Number of employees you supervised: _____ Machines or equipment you operated: _____ _____ _____ _____ _____ Your reason for leaving: _____ _____
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Description of your duties and responsibilities: _____ _____ _____ _____	Your reason for leaving: _____ _____

Have you ever been convicted of an offense against the law other than a minor traffic violation? ( ) Yes ( ) No  
If yes, explain fully. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List below the names and addresses of two (2) persons (*not relatives or former employers*) who have knowledge of your character and qualifications and whom we may contact:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Use this space for any additional remarks, or to complete or enlarge upon information given elsewhere in the application.

**CERTIFICATION:** (Please read the application and your answers carefully before signing.)

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or mis-statement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the City of Chamblee to thoroughly investigate my references, work records, education, criminal background and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release the City of Chamblee, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that if offered employment, the offer is contingent on my passing a pre-employment drug screen, a pre-employment physical and a pre-employment psychological test (if applicable). By signing this application, I voluntarily agree to submit to a pre-employment drug screen, pre-employment physical and psychological test (if applicable) upon receipt of a verbal offer of employment. I understand that failure to pass the drug screen, physical and/or psychological test (if applicable) will result in withdrawal of the employment offer.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Revised: 01-04-08