The City of Doraville

Application For Employment

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

(PLEASE PRINT)

Position(s) Applied For:	Date of Application

How Did You Learn About Us?

- ❑ Advertisement ❑ Friend ❑ Walk-In
- ❑ Employment Agency ❑ Relative ❑ Other _____

Last Name	First Name	Middle Name

Address	Number	Street	City	State	Zip Code

Telephone Number(s)

If you are under 18 years of age, can you provide required proof of your eligibility to work? ❑ Yes ❑ No

Have you ever filed an application with us before? ❑ Yes ❑ No

If Yes, give date_____

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

Are you prevented from lawfully becoming employed in this country because of Visa of Immigration Status? ❑ Yes ❑ No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: ❑ Full Time ❑ Part Time ❑ Shift Work ❑ Temporary

Are you currently on "lay-off" status and subject to recall? ❑ Yes ❑ No

Can you travel if a job requires it? ❑ Yes ❑ No

Have you been convicted of a felony within the last 7 years? ❑ Yes ❑ No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain_____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

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

_____

_____

_____

_____

_____

_____

_____

Personal References

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Relationship _____

Personal References

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Relationship _____

Personal References

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Relationship _____

Personal References

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Relationship _____

Applicants Statement

I certify that answers given herein are true and complete to the best of my knowledge.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also give permission to prior employers to release all personnel, internal investigation and departmental files that deal with my employment with them and release them from all liability regarding that release.
This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period shall inquire as to whether or not applications are being accepted at that time.
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an *"at will"* nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this *"at will"* employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

_____ Signature of Applicant

_____ Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No
Remarks _____

_____ INTERVIEWER _____ DATE

Employed ☐ Yes ☐ No Date of Employment _____

Job Title _____ Hourly Rate/ Salary _____ Department _____

By _____ NAME AND TITLE _____ DATE

NOTES _____

CRIMINAL HISTORY CONSENT FORM

I hereby authorize the City of Doraville to receive any CRIMINAL HISTORY record information pertaining to me, which may be in the files of any federal, state or local criminal justice agency within the State of Georgia or the Unites States of America.

_____
PRINT COMPLETE NAME: LAST, FIRST, MIDDLE

_____
STREET ADDRESS

_____
CITY, STATE, ZIP CODE

_____
DATE OF BIRTH

_____
SEX & RACE

_____
SOCIAL SECURITY NUMBER

_____
SIGNATURE

_____
DATE

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