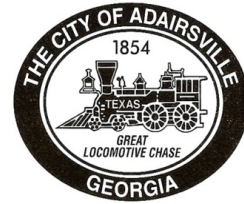


City of Adairsville



Employment Application

In order to be considered, the application must be completed fully.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ OKEY # (Police Officers) _____

Position Applied for:
(Required) _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this City? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____

The City of Adairsville participates in E-Verify®, an Internet-based system that allows businesses to determine the eligibility of their employees to work in the United States.

**User identification number: 139740
Date of authorization: June 14, 2011**

Send Applications To:
City of Adairsville
116 Public Square
Adairsville, GA 30103
Attn: Lisa Donald

ldonaldadairvillega.net



DISCLOSURE/AUTHORIZATION STATEMENT

BY THIS DOCUMENT, THE City of Adairsville discloses to you that a **Criminal History Report** will be obtained for employment purposes. The City of Adairsville will also obtain a **Motor Vehicle Report (MVR)**.

Prior to employment, the City will run a **Criminal History Report** verifying that one does not have any felony or misdemeanor convictions or pleas which are acknowledgements of responsibility (e.g. plea of no contest or nolo contendere) which have not been annulled or sealed. Criminal convictions or pleas will not automatically exclude individuals from consideration for employment unless they are job-related, and the decision not to hire is consistent with business necessity.

In connection to this request, I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement agencies, city, county, state and federal courts, motor vehicle bureaus, military services and persons to release information they may have about me to the person or company with which this form has been filed or their agent, to the City of Adairsville and release all parties involved any liability and responsibility for doing so.

I also authorize the procurement of any investigative employment report and understand that it may contain information about my background, credit, mode of living, character, and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested by the City of Adairsville.

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 at arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with City of Adairsville 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

Printed Name

Date