



APPLICATION FOR EMPLOYMENT
CITY OF ALPHARETTA
2 Park Plaza
Alpharetta, GA 30009
(678) 297-6040

The City of Alpharetta is an equal opportunity employer and will not discriminate, or tolerate discrimination, against any employee or applicant in any manner prohibited by law.

Instructions: Complete a separate application form for each position you are applying for, unless otherwise specified. An employment application, unless otherwise specified, will be accepted only when a specific position opportunity notice is posted on the job vacancy board or City of Alpharetta website, or advertised in various publications. Complete the application in its entirety. Print clearly or type your responses using black or blue ink. Resumes will not be accepted in lieu of completion of this application for employment. Incomplete applications will not be processed.

Position applied for: Last six (6) digits of Social Security Number:

Please write your name as it appears on your social security card:

Name: Last First Middle

Address: Number Street Apt. # Home Phone #: Business Phone #: City State Zip Code

Email Address: Cell Phone #:

Please list any other name(s) you have used for school or employment:

Have you ever worked for the City of Alpharetta? Yes No If yes, indicate department and dates

Are you related by blood or marriage to any person currently employed by the City of Alpharetta? Yes No If yes, indicate name, relationship, and department.

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:

Employment desired: Full-Time Part-Time Temporary Seasonal

If hired, when would you be able to begin work?

Are you at least 18 years of age? Yes No

Do you have a valid driver's license? Yes No State of Issuance: Driver's License Number: Date of Expiration: Class:

Please indicate any professional/occupational licenses you currently hold. License: State of Issuance: License Number: Date of Issuance: Date of Expiration:

Have you ever been fired, forced to resign, or resigned in lieu of termination? Yes No If yes, please explain:

Can you provide the documents required to prove that you are authorized to work in the United States? Yes No

**EDUCATION AND SPECIAL TRAINING**

Do you have a High School Diploma? Yes  No  GED? Yes  No  Date Obtained: \_\_\_\_\_

If not, highest grade completed: \_\_\_\_\_

Name and location of last High School attended: \_\_\_\_\_  
Name City State

**List Special Training (Business, Trade, Vocational, Armed Forces Schools, etc.) below:**

| Name and Location | Total Hours Completed | Hours required for certification | Course/Subject Taken | Certificates Received |
|-------------------|-----------------------|----------------------------------|----------------------|-----------------------|
|                   |                       |                                  |                      |                       |
|                   |                       |                                  |                      |                       |
|                   |                       |                                  |                      |                       |
|                   |                       |                                  |                      |                       |

**List Colleges and Universities attended below:**

| Name and Location | Credit Hours Received |      | Did you Graduate? |    | Major/Minor Degree Field of Program of Study | Type of Degree Received |
|-------------------|-----------------------|------|-------------------|----|--|-------------------------|
|                   | Sem.                  | Qtr. | Yes               | No |  |                         |
|                   |                       |      |                   |    |  |                         |
|                   |                       |      |                   |    |  |                         |
|                   |                       |      |                   |    |  |                         |
|                   |                       |      |                   |    |  |                         |

**Language Skills:** In what languages, other than English, are you proficient? Please list language(s) and check areas that are applicable.

| Language | Read | Speak | Write | Understand |
|----------|------|-------|-------|------------|
|          |      |       |       |            |
|          |      |       |       |            |

**Computer Skills and Abilities:** List computer software with which you have knowledge and experience: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

List all of your employment experience within the previous ten years, beginning with your current or most recent employer. Include military experience and account for all periods you were unemployed. You may include experience beyond the ten years minimum if the previous experience is applicable to the job for which you are applying. Please make copies of the next page if additional space is needed. **Resumes will not be accepted in lieu of completion of this section of the Application for Employment form.** However, resumes may be attached to this application as supplemental material.

| Current or Most Recent Employer   |     |     |     |            |     | Employer: _____                    |
|---|-----|-----|-----|------------|-----|------------------------------------|
| From  |     | To  |     | Total Time |     | Address: _____                     |
| Mo.   | Yr. | Mo. | Yr. | Yrs.       | Mo. | _____                              |
|   |     |     |     |            |     | Telephone Number: _____            |
| Hours per Week _____  |     |     |     |            |     | Your Job Title: _____              |
| Starting Salary \$ _____ per _____  |     |     |     |            |     | Supervisor's Name and Title: _____ |
| Ending Salary \$ _____ per _____  |     |     |     |            |     | Reason For Leaving Position: _____ |
| <b>Specific Duties:</b> _____   |     |     |     |            |     |                                    |
| _____   |     |     |     |            |     |                                    |
| Number of Employees supervised (if applicable): _____   |     |     |     |            |     |                                    |
| May we contact this employer regarding your work record? Yes <input type="checkbox"/> No <input type="checkbox"/> |     |     |     |            |     |                                    |

|   |     |     |     |            |     |                                    |  |
|---|-----|-----|-----|------------|-----|------------------------------------|--|
| <b>Previous Employer</b>  |     |     |     |            |     | Employer: _____                    |  |
| From  |     | To  |     | Total Time |     | Address: _____                     |  |
| Mo.   | Yr. | Mo. | Yr. | Yrs.       | Mo. | _____                              |  |
|   |     |     |     |            |     | Telephone Number: _____            |  |
| Hours per Week _____  |     |     |     |            |     | Your Job Title: _____              |  |
| Starting Salary \$ _____ per _____  |     |     |     |            |     | Supervisor's Name and Title: _____ |  |
| Ending Salary \$ _____ per _____  |     |     |     |            |     | Reason For Leaving Position: _____ |  |
| <b>Specific Duties:</b> _____   |     |     |     |            |     |                                    |  |
| _____   |     |     |     |            |     |                                    |  |
| Number of Employees supervised (if applicable): _____   |     |     |     |            |     |                                    |  |
| May we contact this employer regarding your work record? Yes <input type="checkbox"/> No <input type="checkbox"/> |     |     |     |            |     |                                    |  |

|   |     |     |     |            |     |                                    |  |
|---|-----|-----|-----|------------|-----|------------------------------------|--|
| <b>Previous Employer</b>  |     |     |     |            |     | Employer: _____                    |  |
| From  |     | To  |     | Total Time |     | Address: _____                     |  |
| Mo.   | Yr. | Mo. | Yr. | Yrs.       | Mo. | _____                              |  |
|   |     |     |     |            |     | Telephone Number: _____            |  |
| Hours per Week _____  |     |     |     |            |     | Your Job Title: _____              |  |
| Starting Salary \$ _____ per _____  |     |     |     |            |     | Supervisor's Name and Title: _____ |  |
| Ending Salary \$ _____ per _____  |     |     |     |            |     | Reason For Leaving Position: _____ |  |
| <b>Specific Duties:</b> _____   |     |     |     |            |     |                                    |  |
| _____   |     |     |     |            |     |                                    |  |
| Number of Employees supervised (if applicable): _____   |     |     |     |            |     |                                    |  |
| May we contact this employer regarding your work record? Yes <input type="checkbox"/> No <input type="checkbox"/> |     |     |     |            |     |                                    |  |

|   |     |     |     |            |     |                                    |  |
|---|-----|-----|-----|------------|-----|------------------------------------|--|
| <b>Previous Employer</b>  |     |     |     |            |     | Employer: _____                    |  |
| From  |     | To  |     | Total Time |     | Address: _____                     |  |
| Mo.   | Yr. | Mo. | Yr. | Yrs.       | Mo. | _____                              |  |
|   |     |     |     |            |     | Telephone Number: _____            |  |
| Hours per Week _____  |     |     |     |            |     | Your Job Title: _____              |  |
| Starting Salary \$ _____ per _____  |     |     |     |            |     | Supervisor's Name and Title: _____ |  |
| Ending Salary \$ _____ per _____  |     |     |     |            |     | Reason For Leaving Position: _____ |  |
| <b>Specific Duties:</b> _____   |     |     |     |            |     |                                    |  |
| _____   |     |     |     |            |     |                                    |  |
| Number of Employees supervised (if applicable): _____   |     |     |     |            |     |                                    |  |
| May we contact this employer regarding your work record? Yes <input type="checkbox"/> No <input type="checkbox"/> |     |     |     |            |     |                                    |  |

Have you ever been convicted of or plead guilty to a felony or other crime? Yes  No  **If yes, explain fully.**

Have you been convicted of or plead guilty to any traffic-related offense within the past five years? Yes  No

**If yes, explain fully.** (A conviction will not necessarily disqualify an applicant from employment.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

| Name | Telephone Number | Number of Years Known |
|------|------------------|-----------------------|
|      |                  |                       |
|      |                  |                       |
|      |                  |                       |

State any additional information you feel may be helpful to us in considering your application.

---



---



---



---

How did you learn about this opening? \_\_\_\_\_

If you require special accommodations for testing, interviewing, or any portion of the application or employment process, please contact the City of Alpharetta Human Resources Department. Any request for special accommodations should be made, if at all possible, at the time your appointment is scheduled. If any accommodation is requested, the applicant must provide verification from an appropriate professional.

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

I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

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 Alpharetta 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 Alpharetta takes on the basis of such information.

This application for employment shall be considered active until the position is filled. At the conclusion of this time, if I have not heard from the City, but still wish to be considered for employment, it will be necessary for me to complete a new application for employment.

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

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Alpharetta is of an "at will" nature, which means that I may resign at any time and the City of Alpharetta may discharge me at any time with or without cause or notice.

I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.

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

\_\_\_\_\_  
Date

Revised: 07-06-09