



APPLICATION FOR EMPLOYMENT

CITY OF ALPHARETTA

2 Park Plaza

Alpharetta, GA 30009

(678) 297-6040

The City of Alpharetta is an equal opportunity employer. We do not discriminate against qualified applicants based upon any protected group status, including but not limited to race, color, creed, religion, gender, national origin, ancestry, age, marital status, military or veteran status, sexual orientation, physical or mental disability or medical condition as defined by applicable equal opportunity laws.

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: _____

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

Name: _____
Last First Middle

Address: _____ Home Phone #: _____
Number Street Apt. #

_____ Business Phone #: _____
City State Zip Code

Email Address: _____ Mobile Phone #: _____

Have you ever worked or attended school under another name? Yes No

If so, under what name? _____

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.

Do you have a valid driver's license? Yes No

State of Issuance: _____

Date of Expiration: _____ Class: _____

Employment desired:

- Full-Time
- Part-Time
- Temporary
- Seasonal

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

Are you 18 years old or older? Yes No

Are you legally authorized to work in the U.S.? Yes No

If hired, can you provide documentation verifying your identity and legal right to work in the United States?

Yes No

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: _____

Have you ever been discharged or asked to resign from any position? Yes No

If yes, give details: _____

EDUCATION AND SPECIAL TRAINING

Name and location of last High School attended: _____
Name
City
State

Did you graduate? Yes No

If you did not graduate from High School, do you have a GED equivalent? Yes No Date Obtained: _____

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 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: _____

Specific Duties: _____

Number of Employees supervised (if applicable): _____

May we contact this employer regarding your work record? Yes No

Previous 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: _____	
Specific Duties: _____							

Number of Employees supervised (if applicable): _____							
May we contact this employer regarding your work record? Yes <input type="checkbox"/> No <input type="checkbox"/>							

Previous 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: _____	
Specific Duties: _____							

Number of Employees supervised (if applicable): _____							
May we contact this employer regarding your work record? Yes <input type="checkbox"/> No <input type="checkbox"/>							

Previous 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: _____	
Specific Duties: _____							

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 an offense against the law other than a minor traffic violation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details, including date(s). (A "yes" answer will not automatically disqualify you 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 possible, at the time your appointment is scheduled. If any accommodation is requested, the applicant must provide verification from an appropriate professional.

ACKNOWLEDGEMENT and AUTHORIZATION: (Please read the application and your answers carefully before signing.)

I certify that the information contained in this application is true and complete. I attest to the fact that the answers given by me are correct to the best of my knowledge and ability. I certify that I have not knowingly withheld any information that might affect my chances for hiring. I understand that any false information or omission (including any misstatement) on this application or on any document used to secure this employment can be grounds for rejection of my application or, if I am employed by the City of Alpharetta, can be grounds for my immediate termination from the City of Alpharetta.

I authorize the City of Alpharetta to check and verify all information listed above, including but not limited to my references, records of employment, education records, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure

I release the City of Alpharetta, my former employers and all other persons and entities, from all claims, demands, or liabilities that may result from their furnishing information concerning me or any action the City of Alpharetta takes based on such information.

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 this application is not a contract, offer or promise of employment and that if hired, I will be an at-will employee. As such, I will be able to resign at any time for any reason. Likewise, the City of Alpharetta can terminate my employment at any time with or without cause, unless otherwise required by law. I further understand that no one other than the City of Alpharetta has the authority to enter into an employment contract or agreement with me and that my at-will employment can be changed only by a written agreement.

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