



Human Resources Department
2800 King Street
Smyrna, Georgia 30080
Phone: (770) 319-5300
Fax: (770) 319-5330

APPLICATION FOR EMPLOYMENT
SMYRNA CITY GOVERNMENT

Website: www.smyrnacity.com
Email: hr@smyrnaga.gov

Please Print, Use Ink

Date: _____

PERSONAL INFORMATION

Name			
(Last)	(First)	(Middle Initial)	(Email Address)
Present Address			
		(City)	(State) (Zip Code)
Home Telephone		Work Telephone	Other Telephone
How did you learn of this job opening? <input type="checkbox"/> Job Board <input type="checkbox"/> Job Hotline <input type="checkbox"/> Internet-Smyrna <input type="checkbox"/> Internet-Other <input type="checkbox"/> Other _____			
Position applied for:		Closing Date:	Are you willing to work shift work (nights, holidays, weekends, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
Do you meet the minimum requirements for this position as listed in the job announcement? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Available for employment:	
If no, please explain:			

EDUCATION

Are you a high school graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list below:				
If no, mark highest grade completed <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12				
If not a high school graduate, do have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date received _____				
School	Name and Location	Major Course of Study	Completed	Degree Received
High School			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
Business/ Technical School			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Graduate School			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	

GENERAL INFORMATION

Will you accept the approved starting pay for the position you have applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been employed with Smyrna City Government? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?	Department/Office
Are you related to anyone currently employed by Smyrna City Government? <input type="checkbox"/> Yes <input type="checkbox"/> No		Relative's Name	Relationship Department
Can you submit legal verification of your right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
In accordance with the Immigration Reform and Control Act of 1986, proof of authorization to be employed in the United States will be required of all prospective employees. Failure to establish such proof will prohibit or discontinue employment.			
Have you ever been convicted of or plead guilty or nolo to a felony or misdemeanor, other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when: _____ Where: _____			
For what: _____			
Active Military Service, if applicable: From: _____ To: _____ Serial or Service Number _____ Branch of Service _____			
Is this experience relevant to job for which you are applying? If yes, please explain: _____			

EMPLOYMENT RECORD

Describe your work history for the past ten years beginning with your current or most recent job. Include military and/or volunteer experience. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes and phone numbers for all employers are necessary. A resume may be attached only as additional information and will not be accepted in lieu of completing this section.

Most Recent/Current Employer:

Company Name		Street Address		City	State	Zip Code
From Mo/Yr	To Mo/Yr	Telephone	Supervisor's Name, Title and Phone Number			
Describe Specific Job Duties					Your Job Title	
Starting Salary	Leaving Salary	Reason for Leaving				
Company Name		Street Address		City	State	Zip Code
From Mo/Yr	To Mo/Yr	Telephone	Supervisor's Name, Title and Phone Number			
Describe Specific Job Duties					Your Job Title	
Starting Salary	Leaving Salary	Reason for Leaving				
Company Name		Street Address		City	State	Zip Code
From Mo/Yr	To Mo/Yr	Telephone	Supervisor's Name, Title and Phone Number			
Describe Specific Job Duties					Your Job Title	
Starting Salary	Leaving Salary	Reason for Leaving				
Company Name		Street Address		City	State	Zip Code
From Mo/Yr	To Mo/Yr	Telephone	Supervisor's Name, Title and Phone Number			
Describe Specific Job Duties					Your Job Title	
Starting Salary	Leaving Salary	Reason for Leaving				
Company Name		Street Address		City	State	Zip Code
From Mo/Yr	To Mo/Yr	Telephone	Supervisor's Name, Title and Phone Number			
Describe Specific Job Duties					Your Job Title	
Starting Salary	Leaving Salary	Reason for Leaving				

May we contact your current employer? Yes No

DRIVING HISTORY

Please complete this section if applying for a position that requires operating a vehicle or equipment.

Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which state?	Driver's License No.	Date of Expiration
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Do you have a commercial Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which state?	Which type?	Driver's License No.	Date of Expiration
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Have you incurred any traffic charges within the last three (3) years? Do not include any parking tickets.
 Yes No

If yes, Give Date(s) and Type of Charges:

I hereby direct the Department of Public Safety of Georgia, or any other authorized agency to whom this authorization may be presented, to release to the Smyrna City Government an abstract of my driving record for the past three-year period to be reviewed by the City for use in processing my employment application and determining my suitability for various job assignments.

Signature _____ Date _____

SKILLS AND TRAINING

Please complete this section if applying for a position that requires the following skills:

Keyboarding Speed: _____ Data Entry Speed: _____ Shorthand Speed Writing

COMPUTER SKILLS:

<u>Word Processing</u>	<u>Spreadsheet</u>	<u>Database</u>	<u>Graphics</u>	<u>Electronic Mail</u>
<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Excel	<input type="checkbox"/> Microsoft Access	<input type="checkbox"/> Power Point	<input type="checkbox"/> iNotes
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> PageMaker	<input type="checkbox"/> Outlook
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Are you able to perform all the duties listed in the job description? Yes No

If you answered no to the above, please explain what can be done to provide you with reasonable accommodation.

What special skills, qualifications or certifications have you gained from former employers or other experiences which relate to the type of work you are applying for?

If you are able to communicate in languages other than English, please provide information regarding other languages spoken and your skill level.

PUBLIC SAFETY ONLY

Please answer the following questions when applying for a public safety position:

Police Officer, Detention & Communication Officer, Park Ranger

Are you a citizen of the United States of America? Yes No
Have you reached your 21st birthday? Yes No

If yes, please attach **COPIES** of the following:

- High School Diploma or GED Certificate
- Birth Certificate
- Current Driver’s License
- DD214 (Military Separation Papers), if applicable
- GA POST Certification or acceptable GA POST entrance scores are required *See job announcement for acceptable exams scores

Firefighter

Have you reached your 21st birthday? Yes No

If yes, please attach **COPIES** of the following:

- High School Diploma or GED Certificate
- Birth Certificate
- Current Driver’s License
- DD214 (Military Separation Papers), if applicable

APPLICANT’S STATEMENT

I certify that the information given in this application is true and complete to the best of my knowledge. I also understand that this application is not a contract of employment.

I understand and agree that, as a condition of employment if hired, I will undergo a designated working test period and will be eligible to become a regular status employee only after successfully completing this working test period. I also understand that working test employees do not have a property interest in their jobs, may be terminated at any time, and are not eligible for appeal rights.

I understand that any untrue statement(s) in this application may result in my dismissal at any time during any employment with Smyrna City Government. I authorize the City to investigate any information contained in this application.

I authorize the release of high school and college transcripts, information concerning my previous employment, and any information my former employers may have pertinent to this application and the employment procedures of Smyrna City Government. I release all parties from all liability for any damage that my result from requesting, providing, processing, retaining, or releasing any information about me. A photographic copy of this authorization shall be as valid as the original.

I understand that, if I should become a driver of a Smyrna City Government vehicle, the City has my permission and release to check my driving record at any time prior to or during my employment with Smyrna City Government.

I voluntarily consent to undergo an employment physical (if hired and if required due to the nature of the particular position for which I am applying) as arranged for by Smyrna City Government at City expense.

I understand that Smyrna City Government maintains a drug-free workplace and complies with the requirements of the Drug-Free Workplace Act of 1988. I also understand that, upon offer of employment to a CDL or other “Safety Sensitive Position” (as defined by Smyrna Personnel Policies and Procedures), post-offer drug testing will be required and that failure to successfully pass such testing will be grounds for withdrawing any offer of employment.

I understand that resumes, letters of reference, and other documents submitted with the application become property of Smyrna City Government and cannot be returned. I also understand that the information I have provided on the applications may be subject to public disclosure under the Georgia Open Records Act.

I understand that my submission of this application in no way assures me a position and that no City representative has the authority to enter into any employment agreement with the contrary to the foregoing.

By signing this application, I hereby acknowledge that I understand and agree to all provisions outlined herein.

Signature

Date

Smyrna City Government does not discriminate on the basis of race, color, religion, sex, national origin, age, handicap or disability.