



CITY OF AUSTELL
APPLICATION FOR EMPLOYMENT
 An Equal Opportunity Employer

TYPE OR PRINT CLEARLY IN INK

All applications must be fully completed. A resume may be attached to provide information but **DOES NOT** take the place of completing the application itself. Follow all instructions on this application. If you need more space, attach additional sheets.

**BE PREPARED TO PROVIDE A COPY OF YOUR
 CURRENT DRIVERS LICENSE AND SOCIAL SECURITY CARD**

| |
|--------------|
| Today's Date |
|--------------|

| | | | |
|--------------------------|------------|----------------|------------------|
| Daytime Telephone Number | | E-Mail Address | |
| Last Name | First Name | Middle Initial | |
| Street Address | | | Apartment Number |
| City | State | Zip Code | County |

EMPLOYEE ELIGIBILITY

To be employed with the City of Austell, you must meet certain State and Federal employment eligibility requirements. These include (but are not limited to) United States citizenship work in this country, positive rehire status if previously employed, and/or no felony convictions. Please answer the following questions.

| | | | |
|---|---|--|--|
| 1. Are you a United States Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO | 2. Are you authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO | 3. Have you ever been employed with the City of Austell? <input type="checkbox"/> YES <input type="checkbox"/> NO | 4. Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach an explanation. |
|---|---|--|--|

TYPE OF WORK: Do not submit application without specifying a title.

POSITION TITLE

EMPLOYMENT AVAILABILITY

What type of employment are you interested in? Full Time Part Time Temporary All

CERTIFICATION

Read carefully before signing and dating. Unsigned applications will be returned. I certify that all information on this application is correct. I authorize any agent or employee of the City of Austell to verify any information contained in this Application for Employment and to release it to anyone who may consider me for employment. I understand that intentionally providing false information on this form or attachments is a violation of state law. **I also understand that applications submitted electronically, via e-mail or similar media, are not valid unless I enter my name in the signature field below and such action shall constitute an electronic signature.**

I further certify that either:

- 1) I have not been convicted of a drug-related criminal offense; or
- 2) If I have been convicted of a drug-related criminal offense, it has been more than three (3) months since my first conviction, or more than five (5) years since a second or subsequent conviction.

| | |
|--------------------------------|-----------------|
| X _____ Applicant Signature | X _____ Date |
|--------------------------------|-----------------|

WORK HISTORY

Describe your work history beginning with your current or most recent job. Include military or volunteer experience. If you worked for the same employer but held different jobs, describe each separately. Describe in **detail the specific duties** beginning with your primary duties. If you need more space, attach additional sheets that contain the same information requested in this section. Include any supervisory positions held. Failure to give complete and detailed information regarding each job held may result in your disqualification from employment consideration.

| | | | | | |
|-----------------------------|-------|----------|--|-----------------|---------------------------|
| Current or Last Employer | | | Job Title | | |
| Address | | | From (month/year) | To (month/year) | Hours per week |
| City | State | Zip Code | Check one: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern | | Annual Salary \$ |
| Supervisor's Name and Title | | | May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Supervisor's Phone Number |
| Reason for Leaving | | | Number and Types of Employees You Supervised | | |
| Primary Duty | | | | | |
| Other Duties | | | | | |
| Previous Employer | | | Job Title | | |
| Address | | | From (month/year) | To (month/year) | Hours per week |
| City | State | Zip Code | Check one: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern | | Annual Salary \$ |
| Supervisor's Name and Title | | | May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Supervisor's Phone Number |
| Reason for Leaving | | | Number and Types of Employees You Supervised | | |
| Primary Duty | | | | | |
| Other Duties | | | | | |
| Previous Employer | | | Job Title | | |
| Address | | | From (month/year) | To (month/year) | Hours per week |
| City | State | Zip Code | Check one: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern | | Annual Salary \$ |
| Supervisor's Name and Title | | | May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Supervisor's Phone Number |
| Reason for Leaving | | | Number and Types of Employees You Supervised | | |
| Primary Duty | | | | | |
| Other Duties | | | | | |



| | | | | | |
|-----------------------------|-------|----------|--|-----------------|----------------------------------|
| Previous Employer | | | Job Title | | |
| Address | | | From (month/year) | To (month/year) | Hours per week |
| City | State | Zip Code | Check one: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern | | Annual Salary \$ () |
| Supervisor's Name and Title | | | May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Supervisor's Phone Number () |
| Reason for Leaving | | | Number and Types of Employees You Supervised | | |
| Primary Duty | | | | | |
| Other Duties | | | | | |
| Previous Employer | | | Job Title | | |
| Address | | | From (month/year) | To (month/year) | Hours per week |
| City | State | Zip Code | Check one: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern | | Annual Salary \$ () |
| Supervisor's Name and Title | | | May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Supervisor's Phone Number () |
| Reason for Leaving | | | Number and Types of Employees You Supervised | | |
| Primary Duty | | | | | |
| Other Duties | | | | | |
| Previous Employer | | | Job Title | | |
| Address | | | From (month/year) | To (month/year) | Hours per week |
| City | State | Zip Code | Check one: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern | | Annual Salary \$ () |
| Supervisor's Name and Title | | | May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Supervisor's Phone Number () |
| Reason for Leaving | | | Number and Types of Employees You Supervised | | |
| Primary Duty | | | | | |
| Other Duties | | | | | |
| Previous Employer | | | Job Title | | |
| Address | | | From (month/year) | To (month/year) | Hours per week |
| City | State | Zip Code | Check one: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern | | Annual Salary \$ () |
| Supervisor's Name and Title | | | May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Supervisor's Phone Number () |
| Reason for Leaving | | | Number and Types of Employees You Supervised | | |
| Primary Duty | | | | | |
| Other Duties | | | | | |



BACKGROUND CHECK AUTHORIZATION

The City of Austell is authorized by me to make any background checks or investigations of my personal history, including, but not limited to, prior employment, arrests, convictions, or citations with any agencies or bureaus deemed necessary.

By signing below, I hereby consent to a criminal history background check and review of any such records produced by the Georgia Crime Information Center. I also understand that this consent is voluntary; however, I acknowledge that refusal to give this consent may have an adverse affect in obtaining employment.

NOTICE TO APPLICANT

Should the contents of the record disseminated to the agency result in any adverse employment decision to the record subject, the record subject must be informed by the individual or agency making the adverse decision of all information pertinent to that decision. The specific contents of the record and the effect the record had upon the decision must be disclosed to the record subject. Failure to provide all such information is a misdemeanor. The disclosure requirement applies to all public, private, and criminal justice agencies.

Social Security Number

| | | | | | | | | | | |
|----------------------|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|

| | | | | |
|----------------|-------|------------|------------------|----------------|
| Date of Birth | | | | |
| Last Name | | First Name | | Middle Initial |
| Street Address | | | Apartment Number | |
| City | State | Zip Code | County | |

× _____
Applicant Signature

× _____
Date

PROCEED TO PAGE SIX



PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE

All applicants for employment with the City of Austell must complete this section.

By signing below, I agree to the following:

- Consent to a urinalysis and/or other tests as determined by the City of Austell in the selection process of applicants for employment, for the purpose of determining the drug content thereof.
- That the City of Austell’s physician or clinic of choice may collect specimens for tests and may test them or forward them to a testing laboratory designated by the City of Austell for analysis.
- Authorization for the release of the results of said tests to the City of Austell.
- Current use of illegal drugs that prohibit me from being employed at the City of Austell.
- Hold harmless the City of Austell and its agents, physician, or clinic from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the City of Austell’s consideration of my application for employment.
- A reproduced copy of this pre-employment consent and release form shall have the same force and effect as its original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that by signing this consent and release document, it is a voluntary act on my part and that I have not been coerced into signing this document by anyone. Further, I understand that I have the freedom to refuse to take such screening tests, although such refusal may affect my employment with the City of Austell.

Please list any prescription or over-the-counter medications you are currently taking or have recently taken and the physician’s name of the issuing prescription.

| PRESCRIPTION OR MEDICATION | ISSUING PHYSICIAN |
|----------------------------|-------------------|
| | |
| | |
| | |
| | |

| APPLICANT |
|------------------------|
| Social Security Number |
| Date |
| Print Name |
| Signature |

| WITNESS |
|------------|
| Date |
| Print Name |
| Signature |



| | | | | | | | | |
|--|-------------------|---|--|---|--|--|---|--|
| EQUAL OPPORTUNITY EMPLOYMENT MONITORING INFORMATION | | | | | | | | |
| The information you give in this section is used by the City of Austell to comply with Federal guidelines for monitoring of equal employment opportunity efforts. Please complete each block in this section. | | | | | | | | |
| First Name | Last Name | Middle Initial | | | | | | |
| Ethnic Background (check one) | | Gender | | | | | | |
| <input type="checkbox"/> Native American <input type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Multi-racial | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | | | |
| <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;"> </td> <td style="width: 33%;">/</td> <td style="width: 33%;"> </td> </tr> <tr> <td> </td> <td>/</td> <td> </td> </tr> </table> | | | | / | | | / | |
| | / | | | | | | | |
| | / | | | | | | | |
| Birth Date | | | | | | | | |
| THE CITY OF AUSTELL IS AN EQUAL OPPORTUNITY EMPLOYER. THE CITY OF AUSTELL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE, OR DISABILITY IN EMPLOYMENT OR THE PROVISION OF SERVICES. | | | | | | | | |
| REFERENCES | | | | | | | | |
| In the space below, please list three personal references and two business references. | | | | | | | | |
| Name | Occupation | Telephone | | | | | | |
| Personal | | () - | | | | | | |
| Personal | | () - | | | | | | |
| Personal | | () - | | | | | | |
| Business | | () - | | | | | | |
| Business | | () - | | | | | | |
| NOTE: KEEP A COPY OF THIS APPLICATION. | | | | | | | | |
| Do not submit originals of permanent, personal documents; they cannot be returned, and this application cannot be returned. Legible photocopies of attachments, if any, are acceptable. | | | | | | | | |
| SUBMITTING YOUR APPLICATION: COMPLETED APPLICATIONS SHOULD BE RETURNED TO THE APPROPRIATE DEPARTMENT AT THE ADDRESS INDICATED ON THE JOB ANNOUNCEMENT, IF GIVEN. OTHERWISE, THEY MAY BE SUBMITTED TO THE ADDRESS AT THE BOTTOM OF THIS PAGE. | | | | | | | | |
| APPLICATION RESPONSE TIME | | | | | | | | |
| Telephone requests regarding the status of an application are not encouraged since they slow down the response time. | | | | | | | | |
| ADVERTISING VACANCIES | | | | | | | | |
| Current vacancies are advertised and posted at City Hall, TV23, and local newspapers. You may also visit our web site at http://www.austellga.gov to see a complete listing of jobs for which we are currently accepting applications. Your interest in employment with the City of Austell is greatly appreciated. | | | | | | | | |

City of Austell
 Human Resources
 5000 Austell-Powder Springs Road • Suite 137
 Austell, Georgia 30106-2431

(770) 944-4300
www.austellga.gov



Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

COMPLETE AND SIGN SECTION ONE ONLY

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

| | | | |
|----------------------------------|-------|----------------|--------------------------------|
| Print Name: Last | First | Middle Initial | Maiden Name |
| Address (Street Name and Number) | | Apt. # | Date of Birth (month/day/year) |
| City | | State | Zip Code |
| | | | Social Security # |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A _____
- An alien authorized to work until _____
(Alien # or Admission #) _____

| | |
|----------------------------------|-----------------------|
| Employee's Signature X | Date (month/day/year) |
|----------------------------------|-----------------------|

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

| | |
|---|------------|
| Preparer's/Translator's Signature | Print Name |
| Address (Street Name and Number, City, State, Zip Code) | |
| Date (month/day/year) | |

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

| List A | OR | List B | AND | List C |
|---------------------------------|----|--------|-----|--------|
| Document title: _____ | | _____ | | _____ |
| Issuing authority: _____ | | _____ | | _____ |
| Document #: _____ | | _____ | | _____ |
| Expiration Date (if any): _____ | | _____ | | _____ |
| Document #: _____ | | _____ | | _____ |
| Expiration Date (if any): _____ | | _____ | | _____ |

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

| | | |
|---|------------|-----------------------|
| Signature of Employer or Authorized Representative | Print Name | Title |
| Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) City of Austell 5000 Austell-Powder Springs Road, Suite 137; Austell, Georgia 30106 | | Date (month/day/year) |

Section 3. Updating and Reverification. To be completed and signed by employer.

| | |
|-----------------------------|--|
| A. New Name (if applicable) | B. Date of Rehire (month/day/year) (if applicable) |
|-----------------------------|--|

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

| | | |
|-----------------------|-------------------|---------------------------------|
| Document Title: _____ | Document #: _____ | Expiration Date (if any): _____ |
|-----------------------|-------------------|---------------------------------|

I attest, under penalty of perjury, that to the best of my knowledge, the employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

| | |
|--|-----------------------|
| Signature of Employer or Authorized Representative | Date (month/day/year) |
|--|-----------------------|



LISTS OF ACCEPTABLE DOCUMENTS

| LIST A Documents that Establish Both Identity and Employment Eligibility | LIST B Documents that Establish Identity | LIST C Documents that Establish Employment Eligibility |
|--|--|--|
| OR | AND | |
| 1. U.S. Passport (unexpired or expired) | 1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address | 1. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i> |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address | 2. Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i> |
| 3. An unexpired foreign passport with a temporary I-551 stamp | 3. School ID card with a photograph | 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal |
| 4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B) | 4. Voter's registration card | 4. Native American tribal document |
| | 5. U.S. Military card or draft record | 5. U.S. Citizen ID Card <i>(Form I-197)</i> |
| 5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer | 6. Military dependent's ID card | 6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i> |
| | 7. U.S. Coast Guard Merchant Mariner Card | |
| | 8. Native American tribal document | 7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i> |
| 9. Driver's license issued by a Canadian government authority | | |
| | For persons under age 18 who are unable to present a document listed above: | |
| | 10. School record or report card | |
| | 11. Clinic, doctor or hospital record | |
| | 12. Day-care or nursery school record | |

City of Austell
Human Resources
5000 Austell-Powder Springs Road • Suite 137
Austell, Georgia 30106-2431

(770) 944-4300
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