



EMPLOYMENT APPLICATION

www.cityofclaytonga.gov

HUMAN RESOURCES

837 Highway 76 W, Clayton, GA 30525
 Telephone (706) 960-4512 • Fax (706) 782-4596

Active for 90 days unless otherwise notified

Date Applied: _____

NOTE: All fields must be answered *fully* in order to be considered for employment. Please ask for assistance if any portion of the application is unclear. All candidates will be required to pass a pre-employment drug test.

LAST NAME	FIRST	MIDDLE	STREET ADDRESS	CITY	STATE	ZIP
			MAILING ADDRESS (if different)			
PHONE NO	CELL NO. (OPTIONAL)	SOCIAL SECURITY NO.	E-MAIL (IF AVAILABLE)		YRS AT ABOVE ADDRESS	
NAME OF JOB APPLYING FOR:						
ARE YOU AVAILABLE TO WORK ANY TIME OF DAY		<input type="checkbox"/> YES	<input type="checkbox"/> NO			
ARE YOU AVAILABLE TO WORK ANY TIME OF THE WEEK		<input type="checkbox"/> YES	<input type="checkbox"/> NO			
FORMER CITY EMPLOYEE <input type="checkbox"/> Yes <input type="checkbox"/> No	Department/Division	Job Title & Duties		From	To	
HOW DID YOU LEARN OF THE AVAILABLE POSITION? <input type="checkbox"/> Walk-In <input type="checkbox"/> Newspaper <input type="checkbox"/> Other; explain _____						
PLEASE CHECK: RELATIVES WORKING FOR CITY OF CLAYTON – NAMES AND RELATIONSHIP (Past or Present Employees or Elected Officials)						
ARE YOU A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO BE EMPLOYED IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No						
LIST LICENSES/CERTIFICATES RELATED TO THE POSITION APPLIED FOR:						
HAVE YOU EVER BEEN CONVICTED FOR VIOLATING ANY LAW? <input type="checkbox"/> YES <input type="checkbox"/> NO A YES WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT. IF YES, PLEASE EXPLAIN:						
MUST POSSESS A VALID DRIVER'S LICENSE: PLEASE COMPLETE THE FOLLOWING:						
POSSESS A VALID DRIVERS LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO	GOOD DRIVING RECORD <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVERS LICENSE NUMBER	DRIVERS LICENSE CLASS/ENDORSEMENTS			

U.S. MILITARY HISTORY

BRANCH	DATE ENTERED	DATE DISCHARGED	TYPE OF DISCHARGE	HIGHEST RANK ATTAINED AND UNIT
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INDICATE SPECIFIC SKILLS ACQUIRED IN THE U.S. ARMED FORCES

EDUCATIONAL HISTORY

SCHOOL NAME AND LOCATION	FROM	TO	LAST GRADE COMPLETED DIPLOMA/DEGREE	COURSE OF STUDY
HIGH SCHOOL				
TRADE (OR APPRENTICE) SCHOOL				
COLLEGE OR BUSINESS SCHOOL				
OTHER				

* The City of Clayton is an equal opportunity employer and provides fair and equal employment opportunities to all applicants for employment and employees without regard to race, color, religion, natural origin, age, sex, disability, veteran's status, or political affiliation.

**PLEASE COMPLETE AND ANSWER ALL QUESTIONS.
 ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED.**

USE THIS SPACE FOR COMMENTS ABOUT YOUR SPECIAL ABILITIES (I.E., APPRENTICESHIPS, TOOLS, CERTIFICATIONS, EXPERIENCE, ETC.) _____

NOTE: City of Clayton will conduct an extensive background check including contacting past employers, schools attended, criminal history, and possibly a credit history. Please note any employers you do not want contacted.

EMPLOYMENT HISTORY (PLEASE COVER EMPLOYMENT HISTORY FOR PAST TEN YEARS, INCLUDING MILITARY, IF APPLICABLE). USE ATTACHMENT IF NECESSARY					
(1) NAME OF EMPLOYER (2) ADDRESS OF EMPLOYER (3) PHONE NUMBER	FROM MO/YEAR	TO MO/YEAR	WAGE RATE START/FINISH	JOB TITLE & DUTIES	REASON FOR LEAVING SUPERVISOR'S NAME
Name: ----- Address: ----- Phone ()					-----
Name: ----- Address: ----- Phone ()					-----
Name: ----- Address: ----- Phone ()					-----
Name: ----- Address: ----- Phone ()					-----
Name: ----- Address: ----- Phone ()					-----

PLEASE COMPLETE ALL AREAS ABOVE WHETHER OR NOT A RESUME IS ATTACHED
REFERENCES WE MAY CONTACT (INCLUDE AT LEAST TWO MOST RECENT OR CURRENT SUPERVISORS)

NAME	NAME
ADDRESS	ADDRESS
OCCUPATION	PHONE
NAME	NAME
ADDRESS	ADDRESS
OCCUPATION	PHONE

PLEASE READ THIS IMPORTANT INFORMATION BELOW. ASK FOR CLARIFICATION IF NEEDED.

The undersigned has applied for employment with the City of Clayton and hereby authorizes the City of Clayton to contact my current and former employers and references for the purpose of acquiring information regarding me; I hereby authorize such employers and references to supply such information verbally or in writing to the City of Clayton. In consideration for their furnishing such information, I hereby waive any and all claims against such former employers and references which may arise from their furnishing such information. I understand the City of Clayton is a Drug Free Workplace and may require drug testing. I agree to comply with applicable City policy.

I understand that once offered a position, I may be required to complete a medical evaluation and drug screening.

I understand that once offered a position, I may be required to pass a physical examination as a condition of continued employment.

I certify that all the answers given by me to all questions on this application are to the best of my knowledge and belief true and correct. I further affirm that I have not knowingly withheld any facts or circumstances that would detrimentally affect my application for employment, and I understand that any misleading or incorrect statement may render this application void and would be cause for dismissal, if employed.

I AGREE THAT IF HIRED, THE CITY OF CLAYTON OR I MAY TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE. I UNDERSTAND THAT NO CITY POLICY, PRACTICE, PROCEDURE, OR STATEMENT BY ANY CITY REPRESENTATIVE SHALL LIMIT OR ALTER THIS AT-WILL EMPLOYMENT RELATIONSHIP.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS:

Signature _____

Date _____

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837 Highway 76 W, Clayton, GA 30525
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CONSENT FORM FOR EMPLOYMENT AND PERSONAL BACKGROUND CHECK

*** ALL INFORMATION IS REQUIRED ***

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____ MAIDEN NAME _____

HOME ADDRESS: _____
(PHYSICAL ADDRESS, DO NOT USE POST OFFICE BOX NUMBERS)

(CITY, STATE, ZIP CODE)

APPLYING FOR CITY POSITION: _____

As an applicant for employment with the City of Clayton, I hereby the City of Clayton and designated authorized agencies to request and receive any criminal history records, credit history (if applicable), driver history records information, previous employment records, any office of professional censure from which you have a specific trade license or professional designation and pertinent information pertaining to me which may be in the files of any federal, state, or local criminal justice agency to be used for the purpose of my background check.

DRIVER'S LICENSE NUMBER: _____ STATE OF ISSUE: _____

EXPIRATION DATE: _____
MONTH / DAY / YEAR

In addition to your current State of residence, list all other States where you have resided. If not applicable, write "N/A" in this space.

PLACE OF BIRTH: _____ DATE OF BIRTH: _____
CITY / COUNTY / STATE / COUNTRY MONTH / DAY / YEAR

CITIZENSHIP: _____ SOC. SEC. #: _____

HAVE YOU EVER USED A DIFFERENT SOCIAL SECURITY NUMBER OR ALIAS? YES NO

IF SO: NAME: _____ NUMBER: _____

HEIGHT: _____ FT. _____ IN. WEIGHT: _____ LBS. SEX: _____ M _____ F

RACE: _____ COLOR OF HAIR: _____ COLOR OF EYES: _____

DO NOT SIGN CONSENT FORM WITHOUT BEING IN THE PRESENCE OF A NOTARY

SIGNATURE OF APPLICANT: _____ DATE: _____

NOTARY SIGNATURE: _____ DATE: _____

MY COMMISSION EXPIRES: _____

NAME OF PERSON RECEIVING RECORD _____ DEPARTMENT _____