



CITY OF FAIRBURN

**56 Malone Street
Fairburn, Ga. 30213
770-964-2244**

APPLICATION FOR EMPLOYMENT

The City of Fairburn is an equal opportunity employer. We offer assistance to applicants who may need reasonable accommodations with completing the application and/or interview process. Please notify a representative of our Human Resources Department if you need assistance.

I N S T R U C T I O N S

- **Please pay close attention to all application instructions.**
- **Your application will not be considered if you fail to follow all directions.**
- **Do not submit an incomplete application.**
- **Submit your application to the Human Resources Department at City Hall, (NOT to the individual department), located at the above listed address.**
- **You may mail your application to the above address or you may submit it in person.**
- **Faxed or emailed application will not be accepted.**
- **Applicants are encouraged, but not required, to attach a separate resume. and/or other documents in support of your application.**
- **A separate application must be submitted for each posted vacancy.**
- **Pre-employment drug testing may be required.**
- **A pre-employment background check is required.**
- **You must personally complete your application. Contact the Human Resources Department if you are unable to do so.**

DATE: _____ POSITION APPLIED FOR: _____

NAME: _____
 First Middle Last "Nickname"

ADDRESS: _____ Apt No: _____

CITY: _____ STATE: _____ ZIP: _____ - _____ COUNTY: _____

HOME PHONE: (____) _____ CELL PHONE: (____) _____

OTHER:(____) _____ E-MAIL: _____

1. Are you legally eligible for employment in the United States of America?

____ Yes ____ No

2. Have you ever pled guilty or no contest/Nolo to, or have you been convicted of a crime?

____ Yes ____ No If yes, please provide date(s) and details:

3. Georgia Driver's License number: _____

4. Social Security Number: _____ - _____ - _____

5. When will you be available to start: _____

6. You are willing to accept: (Answer Yes/No)

____ Full-Time, ____ Part-Time, ____ Temporary, ____ Seasonal

SECTION 2 – Work History
(Begin with your current or most recent employer)

Name of Employer: _____ **From:** _____ **To:** _____

Address of Employer: _____
_____ **City** **State** **Zip**

Title/Position (list all): _____

Starting Salary: _____ **Ending Salary:** _____ **Type of Business:** _____

Supervisor's Name: _____ **Phone Number: (_____)** _____

Reason for Leaving: _____

Describe the work you did:

Name of Employer: _____ **From:** _____ **To:** _____

Address of Employer: _____
_____ **City** **State** **Zip**

Title/Position (list all): _____

Starting Salary: _____ **Ending Salary:** _____ **Type of Business:** _____

Supervisor's Name: _____ **Phone Number: (_____)** _____

Reason for Leaving: _____

Describe the work you did:

SECTION 3 – Education

High School

Name of School: _____

Address of School: _____

City State Zip

Phone Number: (____) _____ Did you Graduate? _____

List Diploma or Degree: _____

Describe course of study: _____

College

Name of School: _____

Address of School: _____

City State Zip

Phone Number: (____) _____ Did you Graduate? _____

List Diploma or Degree: _____

Describe course of study: _____

Other - Specify

Name of School: _____

Address of School: _____

City State Zip

Phone Number: (____) _____ Did you Graduate? _____

List Diploma or Degree: _____

Describe course of study: _____

SECTION 4 – Personal References

List three (3) people who are not relatives, former employers, coworkers, or customers. (You may also attach letters of recommendation.) Lists individuals who know you personally and who will be able to give insight into your character, competence, and chemistry (how interact with others).

Name: _____ Occupation: _____

Address: _____
City State Zip

Phone Number: (____)_____ Relationship to Applicant: _____

Comments:

Name: _____ Occupation: _____

Address: _____
City State Zip

Phone Number: (____)_____ Relationship to Applicant: _____

Comments:

Name: _____ Occupation: _____

Address: _____
City State Zip

Phone Number: (____)_____ Relationship to Applicant: _____

Comments:

SECTION 5 – Professional References

List three (3) people who are not relatives and who are not previously listed on this application as a supervisor. (You may also attach letters of recommendations). You may list other managers, coworkers, customers, and teachers. Please list individuals who have knowledge about your work habits, professional skills, performance and abilities.

Name: _____ Occupation: _____

Address: _____
City State Zip

Phone Number: (____)_____ Relationship to Applicant: _____

Comments:

Name: _____ Occupation: _____

Address: _____
City State Zip

Phone Number: (____)_____ Relationship to Applicant: _____

Comments:

Name: _____ Occupation: _____

Address: _____
City State Zip

Phone Number: (____)_____ Relationship to Applicant: _____

Comments:

SECTION 6 – Applicant Statement

I certify that all of the information that I have provided is complete and accurate.

I understand that providing false, misrepresented, or incomplete information is sufficient cause to cancel further consideration of my application, and/or for my immediately discharge from employment with the City of Fairburn, when discovered.

Without reservation, I expressly authorize the City of Fairburn, its representatives, employees or agents, to contact and to obtain information from references (personal and professional), employers, public agencies, licensing authorities and educational institutions, and to otherwise verify the accuracy of the information that I provided in this application, on my resume, or during a job interview when applicable.

I hereby waive any and all rights and claims that I might have regarding the City of Fairburn, its agents, employees, or representatives, for seeking, gathering and using such information connected with the employment process, and other corporations, organizations or individual, for furnishing such information about me.

I understand that the City of Fairburn does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis of prohibited actions under local, state or federal laws.

I understand that this application will remain active for six (6) months. If I am not contacted by the City of Fairburn for employment consideration within this period, I must submit a new application for consideration of any open position.

I understand that if I am hired, I will work under six (6) month introductory period, unless the period is extended. The City of Fairburn is an "at will" employer, and any employee may be terminated with or without cause. I understand that I am also free to resign at any time without prior notice or reason.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States of America, and that federal immigration laws require me to complete an I-9 Form in connection with my employment.

This application does not constitute any agreement or contract for employment for any specified period or defined duration. I understand that no supervisor or representative of the City of Fairburn is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing language is valid unless it is in writing and signed by the Mayor of the City of Fairburn.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date