

**CITY OF CONCORD**  
**APPLICATION FOR EMPLOYMENT**  
 An Equal Opportunity Employer

**BIOGRAPHICAL DATA:**

TYPE OR PRINT CLEARLY IN INK.

Social Security Number

Daytime Telephone Number

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-  -

E-mail Address

Last Name	First Name	Middle Name
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Street Address & Mailing Address	Apartment No.
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City	State	Zip Code	County
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POSITION APPLIED FOR:	DATE OF APPLICATION:
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1. Are you a United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. Are you an alien authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	3. Have you ever been employed with us before? If YES, explain below. <input type="checkbox"/> YES <input type="checkbox"/> NO	4. Have you ever been convicted of a felony? If YES, explain below. <input type="checkbox"/> YES <input type="checkbox"/> NO
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5. Have you ever been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify an applicant from employment.)  
 \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

6. What type of skills and work ethic do you have that would make you a good employee for the City of Concord? Explain below:  
 \_\_\_\_\_  
 \_\_\_\_\_

7. If hired, when will you be available to begin working? Date \_\_\_\_\_

**EMPLOYMENT AVAILABILITY:**  
 What type of employment are you interested in?  Full Time  Part Time  Temporary  All

Are you currently employed? Yes  No

**CERTIFICATION: Read carefully before signing and dating.**  
 I certify that all information on this application is correct. I authorize any agent or employee of the City of Concord to verify this information and to release it to anyone who may consider me for appointment. I understand that intentionally providing false information on this form or attachments is a violation of state law.

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 (O.C.G.A. 45-23 et. Seq.).

X X

Signature	Date
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## GEORGIA LICENSES AND CERTIFICATIONS

Type of License/Certificate	Specialization/Endorsements	License/Certificate Number	Expiration (Mo./Yr.)
Type of Certificate Held:			
Commercial Driver's License (CDL) Class (Check One): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			
Other:			

**WORK HISTORY:** Describe your work history below beginning with your current or most recent job. Include military and 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 additional space attach additional sheets which contain the same information requested in this section. Include the number and types of employees under your supervision and give percentage of time for each duty. Failure to give complete and detailed information regarding each job held may result in your disqualification from employment consideration.

Current or Last Employer:			Your Job Title:		
Address			From (mo/yr)	To (mo/yr)	Hours per Week:
City	State	Zip Code	Check One: <input type="checkbox"/> Volunteer	<input type="checkbox"/> Paid <input type="checkbox"/> Intern	Annual Salary/Hourly Wage
Your Supervisor's Name and Title			May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Your Supervisor's Phone Number (    )
Reason for Leaving			# and types of employees you supervised:		

%	Describe in detail your job duties and the average percent of work time you spent on each duty.
100%	

Employer:			Your Job Title:		
Address			From (mo/yr)	To (mo/yr)	Hours per Week:
City	State	Zip Code	Check One: <input type="checkbox"/> Volunteer	<input type="checkbox"/> Paid <input type="checkbox"/> Intern	Annual Salary/Hourly Wage
Your Supervisor's Name and Title			May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Your Supervisor's Phone Number (    )
Reason for Leaving			# and types of employees you supervised:		

%	Describe in detail your job duties and the average percent of work time you spent on each duty.
100%	

**WORK HISTORY** Continue additional work history below. If you need more space, attach additional sheets which contain the same information requested in this section.

Employer:			Your Job Title:		
Address			From (mo/yr)	To (mo/yr)	Hours per Week:
City	State	Zip Code	Check One: <input type="checkbox"/> Volunteer	<input type="checkbox"/> Paid Intern	Annual Salary/Hourly Wage
Your Supervisor's Name and Title			May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Your Supervisor's Phone Number ( )
Reason for Leaving			# and types of employees you supervised:		

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100 %					

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Address			From (mo/yr)	To (mo/yr)	Hours per Week:
City	State	Zip Code	Check One: <input type="checkbox"/> Volunteer	<input type="checkbox"/> Paid Intern	Annual Salary/Hourly Wage
Your Supervisor's Name and Title			May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Your Supervisor's Phone Number ( )
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City	State	Zip Code	Check One: <input type="checkbox"/> Volunteer	<input type="checkbox"/> Paid Intern	Annual Salary/Hourly Wage
Your Supervisor's Name and Title			May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Your Supervisor's Phone Number ( )
Reason for Leaving			# and types of employees you supervised:		

%	Describe in detail your job duties and the average percent of work time you spent on each duty.				
100%					

## **APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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Applicant Signature

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Date

## **DISCLOSURE/AUTHORIZATION STATEMENT**

By this document, the City of Concord discloses to you that a criminal history report may be obtained for employment purposes, per City of Concord as part of the background investigation. The City of Concord may also obtain a motor vehicle report (MVR).

This shall authorize the procurement of a criminal history report by the City of Concord as part of the employment background investigation. This authorization shall remain on file and shall serve as an ongoing authorization for the City of Concord to procure criminal history reports and motor vehicle reports at any time during your employment period.

In connection to this request, I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement agencies, city county, state and federal courts, motor vehicle bureaus, military services and persons to release information they may have about me to the person or company with which this form has been filed or their agents, City of Concord, and release all parties involved from any liability and responsibility for doing so.

I also authorize the procurement of an investigative employment report and understand that it may contain information about my background, credit, mode of living, character, and personal reputation. This authorization, in original or copy of form, shall be valid for this and any further reports or updates that may be requested by the City.

Additionally, I understand that I have the right to request additional disclosure as to the nature and scope of the investigation, upon written request, within a reasonable period of time.

I hereby authorize the City of Concord to request and obtain any of the information set forth above for the purposes of obtaining employment with the City of Concord.

DATE: \_\_\_\_\_

PRINT FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DRIVER ID # & STATE ISSUE: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_