



CITY OF CARROLLTON

EMPLOYMENT APPLICATION INSTRUCTIONS

APPLICANT INFORMATION

PLEASE READ THE FOLLOWING INFORMATION BEFORE COMPLETING YOUR APPLICATION. A SEPARATE APPLICATION FORM IS REQUIRED FOR EACH POSITION TITLE.

EMPLOYMENT POLICY

The City of Carrollton is an Equal Opportunity Employer. It is our policy that employment decisions are made on the basis of merit and fitness for the position.

COMPLETING THE APPLICATION

Applicants must complete an application and applicant questionnaire (when applicable) for each position. Please follow the instructions shown on the application and applicant questionnaire. If you need more space, you may attach additional sheets. All applications must be complete **IN FULL. A RESUME' MAY BE ATTACHED TO PROVIDE ADDITIONAL INFORMATION BUT DOES NOT TAKE THE PLACE OF COMPLETING THE APPLICATION AND APPLICANT QUESTIONNAIRE.** A complete and accurate application is essential, since this is the primary source used for determining your qualifications.

JOB REQUIREMENTS

Please note the education and/or experience requirements listed in the Position Announcements and Job Descriptions. These are minimum standards which all applicants must meet in order to be considered for employment. All employees are required to provide proof of identity and authorization of employability.

ADVERTISING VACANCIES

Vacant positions are advertised on the City of Carrollton Website (www.carrollton-ga.gov), the Georgia Local Government Access web site (www.glga.org), and posted for review on the bulletin board in the downstairs lobby at City Hall, 315 Bradley Street, Carrollton, GA 30117. Applications are accepted daily.

APPLICANT PROCEDURE

Completed City of Carrollton applications will be directed to the Human Resource Director's Office, who will distribute qualified applications to the appropriate Department Directors with position vacancies.

APPLICATION REVIEW

Every application received by the established closing date is reviewed for minimum qualifications and competitiveness by the Human Resource/Personnel Office staff. Should you meet the requirements for the position, your name will be placed on a register of eligible candidates and forwarded to the appropriate department for consideration.

INTERVIEWS

1. Hiring departments hold interviews with selected applicants who are referred by the Human Resource Director. The hiring department notifies the persons selected for interviews by telephone or letter when interviews are to be scheduled.
2. After the interviews, the hiring department makes a selection and returns all applications to the Human Resource Director.
3. The Department Director contacts the selected candidate for submission to a drug and alcohol screening. The candidate must pass the drug and alcohol screening before employment is offered. After the results of the drug and alcohol screening are obtained, the Human Resource Director informs the respective Department Director to contact the applicant and offer the position. All candidates who are interviewed but not selected are informed of the decision.

NOTE: Applications, resumes', letters of reference, etc., submitted with application become property of the City of Carrollton and cannot be returned. The information you have provided on the application may be subject to public disclosure under the Georgia Open Records Act.



CITY OF CARROLLTON EMPLOYMENT APPLICATION

Do not complete this application until you have read the
City of Carrollton Employment Application Instructions.
The City of Carrollton is an Equal Opportunity Employer.

CC: _____ _____
OTHER: _____ _____
(FOR OFFICE USE ONLY)

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)		DATE	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER DAY () EVENING ()	EMAIL ADDRESS	REFERRED BY	
POSITION APPLYING FOR	DATE YOU CAN START	SALARY DESIRED	
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED TO THE CITY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN?	HAVE YOU EVER WORKED FOR THE CITY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN?

AVAILABILITY FOR WORK

TYPE OF WORK <input type="checkbox"/> FULL TIME	HOURS DESIRED <input type="checkbox"/> DAY <input type="checkbox"/> SWING <input type="checkbox"/> NIGHT	<input type="checkbox"/> WILLING TO WORK ANY
WILL YOU WORK OVERTIME DURING THE WORK WEEK IF NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL YOU WORK WEEK-END OVERTIME IF NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PERSONAL

CAN YOU PROVIDE DOCUMENTED PROOF OF U.S. CITIZENSHIP OR, IF AN ALIEN, PROOF OF AUTHORIZATION TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN DISCIPLINED OR TERMINATED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:
HAVE YOU EVER BEEN CONVICTED OF ANY LAW VIOLATION, EXCEPT A MINOR TRAFFIC VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO (A CRIMINAL RECORD DOES NOT AUTOMATICALLY BAR EMPLOYMENT) IF YES, PROVIDE DETAILS:

EDUCATION AND TRAINING

	SCHOOL NAME CITY AND STATE	# YEARS ATTENDED	DID YOU GRADUATE?	MAJOR SUBJECTS, SPECIAL COURSES DEGREES
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
GRADUATE SCHOOL				
OTHER EDUCATION				
LICENSES AND CERTIFICATIONS				
OTHER SKILLS				

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EMPLOYMENT RECORD: **DO NOT** indicate “*see resume*”. Give a complete account of your employment, including salary history. Begin on the first line with your present or most recent position and work back. Please attach an additional sheet if necessary and include all periods of unemployment.

MONTH/YR STARTED	<u>NAME, ADDRESS, PHONE OF EMPLOYER</u>	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY		SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?		
MONTH/YR STARTED	<u>NAME, ADDRESS, PHONE OF EMPLOYER</u>	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY		SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?		
MONTH/YR STARTED	<u>NAME, ADDRESS, PHONE OF EMPLOYER</u>	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY		SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?		
MONTH/YR STARTED	<u>NAME, ADDRESS, PHONE OF EMPLOYER</u>	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY		SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?		

WORK REFERENCES: Please provide three.

FIRST NAME, LAST NAME	COMPANY & TITLE	RELATIONSHIP TO YOU	TELEPHONE NUMBER

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PERSONAL REFERENCES: Please provide a minimum of two people who are not related to you.

FIRST NAME, LAST NAME	COMPANY & TITLE	RELATIONSHIP TO YOU	TELEPHONE NUMBER

Applicant must initial each paragraph and sign this form before application will be considered.

_____ I hereby declare the information provided by me in this application is true and complete, and I understand that misrepresentations, omissions of facts, or falsification of this information are grounds for refusal to hire, or if hired, termination.

_____ I authorize any persons or organizations to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to you.

_____ I authorize you to request, receive, and verify all information given in this application.

_____ If I am employed by the City of Carrollton, I agree to conform to the policies, rules, and regulations of the government set forth in the City of Carrollton's Employee Handbook, policies, and ordinances; and acknowledge that these policies, rules, and regulations may be changed, interpreted withdrawn, or added to by the employer at any time, at the employer's sole option.

_____ I further acknowledge that if I am employed by the employer, my employment will be at-will and may be terminated with or without cause at any time by me or by the employer until I become a non-probationary regular employee.

_____ If required by the City of Carrollton for the position I am applying, I consent to undergo a physical examination, after I have been offered employment, as deemed necessary.

_____ The Application **will remain active for ninety (90) days only unless renewed personally by me in writing.**

_____ Before an applicant can be selected for employment with the City of Carrollton he/she must submit to a drug test. Should you be offered a job with the City of Carrollton, your position may require random drug testing.

_____ I further acknowledge that I (did) (did not have) assistance in the completion of this application. (Name of person assisting if applicable: _____).

You must sign this form to enable us to contact prior employers, even though we may not contact your present employer.

Printed Name: _____

Date: _____ Signature: _____

Please be aware that applications can only be accepted for current openings. Qualified applicants will receive equal consideration. No question is asked for the purpose of excluding any applicant on the basis of race, color, national origin, religion, age, sex, disability, or any other factor prohibited by law or regulation. The City of Carrollton Georgia is an Equal Opportunity employer.



CITY OF CARROLLTON Applicant Data Record

NOTICE OFFICE PERSONNEL COLLECTING APPLICATIONS: This form must be separated from the employment application form before it is seen by any person or persons making the hiring decision. Applicant Data Records are filed separately and used for statistical purposes only.

Applicants and employees are treated prior to and during their employment without regard to their race, color, creed, religion, sex, national origin, age, marital status, sexual orientation, military/veteran status, or any job related disability or medical condition.

As an employer taking affirmative action to ensure the removal of any possible past discrimination and to help comply with governmental recordkeeping requirements, we would appreciate your completing the form. However, COMPLETION OF THIS FORM IS STRICTLY VOLUNTARY. This data will be kept in a confidential file, separate from your application for employment.

Today's Date: _____

Position Applied For: _____

Sex: Male
 Female

Race: African-American
 Asian/Pacific Islander
 Caucasian
 Hispanic

Check any that apply:

Vietnam Era Veteran
 Disable Veteran
 Handicapped