



City of Jonesboro
 124 North Avenue
 Jonesboro, Georgia 30236

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Positions(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Walk-In
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)	Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If Yes, give date _____

Have you ever been employed with us before? Yes No
 If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.	Employer	Dates Employed		Work Performed
	Address	From	To	
		Hourly Rate/Salary		
	Telephone Number(s)	Starting	Final	
	Job Title	Supervisor		
Reason for Leaving				
2.	Employer	Dates Employed		Work Performed
	Address	From	To	
		Hourly Rate/Salary		
	Telephone Number(s)	Starting	Final	
	Job Title	Supervisor		
Reason for Leaving				
3.	Employer	Dates Employed		Work Performed
	Address	From	To	
		Hourly Rate/Salary		
	Telephone Number(s)	Starting	Final	
	Job Title	Supervisor		
Reason for Leaving				
4.	Employer	Dates Employed		Work Performed
	Address	From	To	
		Hourly Rate/Salary		
	Telephone Number(s)	Starting	Final	
	Job Title	Supervisor		
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Education

	Elementary School					High School				Undergraduate College / University				Graduate / Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States military? Yes No

If Yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

CONSENT FORM

I HEREBY AUTHORIZE THE CITY OF JONESBORO POLICE DEPARTMENT ALONG WITH CLAYTON COUNTY POLICE DEPARTMENT TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.

NAME: _____
(LAST) (FIRST) (MIDDLE) (MAIDEN)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SEX: _____ RACE: _____ D.O.B.: _____ SOCIAL SECURITY _____

(SIGNATURE)

(NOTARY)

(DATE)

RESULTS OF
BACKGROUND CHECK: _____

DATE: _____

TIME: _____

SIGNATURE _____