

If yes, describe in full:

CITY OF ROSWELL

38 Hill Street Suite G-60 Roswell, Georgia 30075 Phone 770-594-6440 Fax 770-594-6446

The City of Roswell is an Equal Opportunity Employer and will not discriminate, or tolerate discrimination against any employee or applicant in any manner prohibited by law.

APPLICATION FOR EMPLOYMENT

To Applicant: We appreciate your interest in the City of Roswell. It is important that we have a clear understanding of your qualifications and work history to properly evaluate you for the position(s) for which you are applying. Please note the following:

Please supply only the information requested. Applications providing information not requested or extraneous information will be rejected. You may attach a resume. Job applications are only accepted for open positions. If you are applying for a position in Police or Recreation and Parks, please fill out the additional pages in this application specific to those Departments.

The (ADAAA) American with Disabilities amendment Act requires reasonable accommodations for qualified disabled applicants. If you require assistance in completing this employment application, please notify the Human Resources Division.

THIS APPLICATION IS NOT FOR POLICE POSITIONS. TO APPLY FOR A POLICE POSITION, PLEASE CLICK HERE.

APPLICANT INFORMATION

Name: Middle Name Please list ALL additional names (including Maiden, Nickname, etc) that you have gone by: Present Address: Zip Citv State County No. Street Alternate Telephone No.: Telephone No.: Position Applying For: Job Code: _____ Job Title: Per Rate of Pay Expected: Would you work: Full Time ☐ Part Time ☐ Temporary ☐ Email Address: ______ Were you previously employed by us? Yes□ No□ If yes, When? Have you been employed by the City of Roswell under another name? Yes ☐ No☐ If yes, what name? If your application is considered favorably, on what day will you be available for work? Have you ever convicted of a felony? Yes □ No □ Date: _____

List any relatives working for us and their relationship to you:					
List any friends working for us:					
Can you meet the all f no, Why?	attendance requirement s of this	position? Yes \square No \square			
Can you perform th	ne essential functions of this job,	either with or without reas	sonable accom	modations?	Yes No
Are you legally per	mitted to work in the U.S.A.? Ye	es 🗆 No 🗆			
If yes, will you be p	prepared to produce proof at the ol Act of 1986?	time of hire, in accordance	e with the Immi	gration	Yes ☐ No ☐
	REC	ORD OF EDUCATION			
School	Name and Address of School	Course of Study	Years Completed	Did you Graduate	List Diploma or Degree
High School					
College					
Other (Specify)					
May we contact the	Ist below ALL present and pure of the prior employment was in If more space employers listed below? Yes a do you not wish us to contact?	n the service, please list ce is needed attach an add	dates of enlis		
Employer: Type of Business:					
p.oyo		. , , , , , , , , , , , , , , , , , , ,	D	Dates of Employment	
Address:		Job Title:	From: N	/lo/Yr T	o: Mo/Yr
Telephone:		Name of Supervisor: Annual		al Salary:	
Describe your work duties:					
Reason for Leaving	g:				

Employer:	Type of Business:	Dates of Employment	
Address:	Job Title:	From: Mo/Yr	To: Mo/Yr
Telephone:	Name of Supervisor:	Annual Salary:	
Describe your work duties:			
Reason for Leaving:			
Employer:	Type of Business:	Dates of Employment	
Address:	Job Title:	From: Mo/Yr	To: Mo/Yr
Telephone:	Name of Supervisor:	Annual Salary:	
Describe your work duties:	1		
Reason for Leaving:			
Employer:	Type of Business:		
Employer.	Type of business.	Dates of E	Employment
Address:	Job Title:	From: Mo/Yr	To: Mo/Yr
Telephone:	Name of Supervisor:	Annual Salary:	
Describe your work duties:			
Reason for Leaving:			

Employer:	Type of Business:	Dates of E	Dates of Employment	
Address:	Job Title:	From: Mo/Yr	To: Mo/Yr	
Telephone:	Name of Supervisor:	Annual Salary:		
Describe your work duties:	I			
Reason for Leaving:				
Employer:	Type of Business:	Dates of E	Employment	
Address:	Job Title:	From: Mo/Yr	To: Mo/Yr	
Telephone:	Name of Supervisor:	Annual Salary:		
Describe your work duties:				
Reason for Leaving:				
	PERSONAL REFERENCES			
(Include individuals who are	e qualified to evaluate your capabilities	b) <u>DO NOT INCLUD</u>	E RELATIVES	
Name	Occupation	Years Known	Telephone Number	

Name	Occupation	Years Known	Telephone Number
1)			
2)			
3)			

CERTIFICATIONS / SKILLS

List any specific certifications, designations, licenses or skills you possess:

REFERRAL SOURCE

How were you inform	ned of this opening?		
Which Newspaper, V	Veb-Site, Professional Orga	anization, Job Fair and/	or Employee referred you?
	MILITARY BACKG	ROUND (please att	ach page 4 of your DD214)
Were you in the U.S.	Armed Forces? Yes□	No 🗆	
What was your occup	pation in the military?		
What Training did yo	u receive related to the pos	sition(s) for which you ha	ave applied?
YOU ONLY NEED	TO COMPLETE THIS S	SECTION IF YOU AF	RE APPLYING FOR A RECREATION AND PARK
Please list any exper	ience you have had in the r	recreational field:	
Please list activities t directed.	hat you have participated ir	n; place a check next to	the ones you have organized, supervised, or
☐ Athletics, Games.	& Sports:		
☐ Arts & Crafts: ☐ Nature & Outdoor	Recreation:		
☐ Music/Dance/Thea			
_ made, Barlos, Fried			
☐ Other:			
Check age group(s) t	hat you have worked with:		
☐ Pre-School	☐ Children under 12	☐ Teenage Boys	
☐ Teenage Girls	☐ Young Adults	☐ Adults	☐ Senior Citizens
	Date		Applicant's Signature

CITY OF ROSWELL CONSENT AND RELEASE

I certify that all information given on this application is true, correct and complete to the best of my knowledge. I also certify that I have accounted for all of my work experience and training on this application, and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of loans, records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the City of Roswell.

I hereby certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result f furnishing such information.

I hereby certify that the answers given by me to the foregoing questions and statements made by me are full and true and to the best of my knowledge and belief. I understand that any false information, or misrepresentation of facts called for in this application or any supplements, thereof, is cause for rejection of my application or discharge at anytime during my employment.

I understand that my employment will be subject to the successful completion of a pre-employment urinalysis and non-invasive physical examination and consent to same. I acknowledge that my continued employment may be conditioned upon satisfactorily continuing to meet job-related physical and mental requirements. Such exams shall be paid for by the City of Roswell. I also agree that all information concerning said physical examination and/or a drug and/or alcohol screening, can be supplied to the City of Roswell, or any authorized agent of this municipality, upon their request.

If employed by the city of Roswell, I agree to abide by its rules and regulations. I understand that discovery of misrepresentation or omission of facts herein will make me ineligible for employment or be cause for immediate dismissal. I agree to furnish additional information as may be required to complete my employment file. I understand that operating conditions may require me to temporarily and/or regularly work shifts other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor.

I further agree to hold harmless the City of Roswell and its agents from any liability arising in whole or part, out of the collection of specimens, testing and use of the information from said test in connection with the City of Roswell's consideration of my application of employment.

I understand the requirements of the job for which I am applying. I understand that I must be capable of performing the essential functions of the job effectively and safely, with or without reasonable accommodations.

I further understand that this is an application for employment and that no employment contract, either express or implied, is being offered. I also understand that if employed, such employment is for an indefinite period and can be terminated at will by either party, with or without notice, at any time, for any or no reason, and is subject to change in wages, conditions, benefits, and operating policies.

A photocopy of this release form will be valid as an original, thereof, even though the said photocopy does not contain the original writing of my signature.

Address	City	State Zip
Telephone	Date of Birth (Optional)	Social Security (Optional)
Signature of Applicant (in	cluding maiden name)	Date
A - P(N/-t-t-1		

Applicant Name (printed, including maiden name)