



**City of Stockbridge**  
**4640 North Henry Boulevard**  
**Stockbridge, Georgia 30281**  
**Telephone: 770-389-7900**  
**Web address: [www.cityofstockbridge.com](http://www.cityofstockbridge.com)**  
**Date application received:**

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## APPLICATION FOR EMPLOYMENT

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PLEASE RETURN COMPLETED APPLICATION TO THE HUMAN RESOURCES DEPARTMENT AT 4640 NORTH HENRY BLVD, STOCKBRIDGE, GA 30281

**Position Applied For:** \_\_\_\_\_

**Date available for employment:** \_\_\_\_\_ **Desired Salary:** \_\_\_\_\_

All information provided on this application **MUST BE COMPLETE** so that all applications can be given equitable consideration. All qualified applicants will receive consideration for employment regardless of race, color, sex, sexual orientation, gender identity, religion, national origin, citizenship, age, disability or pregnancy. The City of Stockbridge will hire only authorized workers, regardless of national origin. This application must be typed or printed. Please complete one application for each position for which you are applying. You **MUST** sign and date your application in ink. Resumes **ARE NOT** accepted in lieu of a completed application. **INCOMPLETE APPLICATIONS MAY BE REJECTED.**

### PERSONAL DATA

\_\_\_\_\_  
Last Name First (given) Middle

\_\_\_\_\_  
Address: Street Apt # City State Zip Code

E-mail Address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Home Work Cell

Other name(s) under which you have been employed: \_\_\_\_\_

How did you hear of this opening? Advertisement  Walk-in  Other \_\_\_\_\_

Will you accept: (check all that apply) Full-Time  Part-Time

Are you over 18 years old? Yes  No  If no, proof of eligibility to work will be required.

Are you eligible to work in the United States either because you are a U.S. Citizen or have U. S. government permission to do so? Yes  No

NOTE: If offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in a determination that the applicant is ineligible for employment in the United States.

Name \_\_\_\_\_

Have you ever filed an application with us before? Yes  No  If so, when? \_\_\_\_\_

Have you ever been employed with us before? Yes  No  If so, when and where? \_\_\_\_\_

Give name, relationship & department of any relatives/friends who are or have been employed with the City in the past 5 years.

\_\_\_\_\_  
\_\_\_\_\_

**DRIVER'S HISTORY INFORMATION**

Do you have a valid Georgia Driver's License? Yes  No

License # \_\_\_\_\_ Class \_\_\_\_\_ If other than Georgia, state issued \_\_\_\_\_

Have you received any traffic violations in the past 3 years? Yes  No  If yes, list type of offenses and dates:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been suspended, demoted, dismissed or asked to resign from any job? Yes  No

If yes, explain in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

**High School**

Name of School \_\_\_\_\_

Address \_\_\_\_\_

Highest grade completed: 7  8  9  10  11  12  Graduated? Yes  No

If not a high school graduate, do you have a GED? Yes  No

**Colleges/Universities**

Please complete the following section for post-secondary education (technical schools, universities, and colleges):

Name of School	City	State	If no degree, specify hours earned (quarter/semester)	Major	Type of Degree	Year Degree Earned

**REFERENCES**

Give the name, address and phone number of three references that ARE NOT related to you and ARE NOT previous employers.

1. \_\_\_\_\_  
 Name Phone #

Address: Street Apt # City State Zip Code

2. \_\_\_\_\_  
 Name Phone #

Address: Street Apt # City State Zip Code

3. \_\_\_\_\_  
 Name Phone #

Address: Street Apt # City State Zip Code

Name \_\_\_\_\_

**WORK HISTORY**

Describe your work history beginning with your current or most recent job. Include military and volunteer experience and periods of unemployment. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes and telephone numbers for all employers are necessary. A resume may be attached ONLY as additional information and will not be accepted in lieu of completing this section. Use additional sheets if necessary.

**1. Name of Organization or Firm:** \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates Employed: From month/year \_\_\_\_\_ To month/ year \_\_\_\_\_

Total Time Employed \_\_\_\_\_ Pay Start \_\_\_\_\_ End \_\_\_\_\_

Official Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Describe Your Specific Job Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

**2. Name of Organization or Firm:** \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates Employed: From month/year \_\_\_\_\_ To month/ year \_\_\_\_\_

Total Time Employed \_\_\_\_\_ Pay Start \_\_\_\_\_ End \_\_\_\_\_

Official Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Describe Your Specific Job Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

**3. Name of Organization or Firm:** \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates Employed: From month/year \_\_\_\_\_ To month/ year \_\_\_\_\_

Total Time Employed \_\_\_\_\_ Pay Start \_\_\_\_\_ End \_\_\_\_\_

Official Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Describe Your Specific Job Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

**WORK HISTORY CONT'D**

**4. Name of Organization or Firm:** \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Dates Employed: From month/year \_\_\_\_\_ To month/ year \_\_\_\_\_

Total Time Employed \_\_\_\_\_ Pay Start \_\_\_\_\_ End \_\_\_\_\_

Official Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Describe Your Specific Job Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

**5. Name of Organization or Firm:** \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Dates Employed: From month/year \_\_\_\_\_ To month/ year \_\_\_\_\_

Total Time Employed \_\_\_\_\_ Pay Start \_\_\_\_\_ End \_\_\_\_\_

Official Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Describe Your Specific Job Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

Are you currently employed? Yes  No  May we contact your present employer? Yes  No

Describe any additional training, skills or extra-curricular activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Computer Skills: WPM \_\_\_\_\_ Spreadsheets  Word Processing

Additional skills: \_\_\_\_\_  
\_\_\_\_\_

List machinery and equipment, certifications or other qualifications that relate to the type of work for which you are applying:  
\_\_\_\_\_  
\_\_\_\_\_

If you have read the job description, are you able to perform all duties listed? Yes  No  If no, please explain what can be done to provide you with reasonable accommodation? \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

**Authorization to Release Information & Conditions of Employment**

I have made application for employment with The City of Stockbridge. I authorize any persons or organizations to give The City any and all information concerning my previous employment, education or any other information, personal or otherwise, with regard to any of the subjects covered by this application. I release all parties from liability for any damage whatsoever for issuing same. Furthermore, I acknowledge that if I become employed by The City, my employment will be at-will and may be terminated with or without cause at any time by me or by the employer.

If required, for the position which I am applying, I consent to undergo a physical examination and/or psychological examination, and background check after I have received a conditional offer of employment, as deemed necessary. Before any applicant can be employed with The City they must successfully pass all required examinations and background checks.

You must sign this "Authorization to Release Information & Conditions of Employment", even though we may not contact your present employer.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Applicant's Certification & Agreement**

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I am aware that the falsification of this application or the omission of complete information will result in disqualification, or upon discovery, termination of employment. The City of Stockbridge is hereby authorized to make any investigation of my prior educational and work history. Finally, I agree that all records submitted (i.e: resumes, letters of reference) or generated for purposes of employment are property of and shall remain the property of The City. The information provided on the application is subject to public disclosure under the Georgia Open Records Act.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Alcohol & Controlled Substance Testing**

As a condition of employment with The City of Stockbridge, you will be required to submit to an alcohol and controlled substance test. Employees must, as a condition of employment, abide by The City's policies regarding the effects of drug use and the unlawful possession of controlled substances. Employees are expected to report for work without the effects of illegal drugs and alcohol in their bodily systems. Employees must report any conviction under a criminal drug statute for such violations. In order to be employed by The City, you must successfully pass the aforementioned testing and will be required to undergo random drug testing for the duration of employment.

By signing this form, I acknowledge the above and consent to such an examination and test.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Authorization to Obtain Motor Vehicle Record - (This section to be completed only after position if offered.)**

As a condition of employment with The City of Stockbridge, you will be required to grant permission to The City to obtain your Motor Vehicle Record. All positions with The City require a valid Georgia Driver's License. I hereby authorize The City of Stockbridge to obtain any information in my files pertaining to my driving record. This release is executed with full knowledge and understanding that the information is for official use of The City of Stockbridge Human Resources Department for purposes of employment.

Name (as it appears on driver's license) \_\_\_\_\_

Driver's License # \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**City of Stockbridge**  
**4640 North Henry Boulevard**  
**Stockbridge, Georgia 30281**

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**Georgia Bureau of Investigation - Georgia Crime Information Center Consent Form**

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I hereby give my consent for the **Stockbridge Municipal Court/City of Stockbridge** to perform periodic criminal history background checks for the duration of my employment and authorize the City to receive any Georgia or Interstate Identification Index criminal history record information pertaining to me.

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Full Name (print)

-----  
Address

-----  
Sex

-----  
Race

-----  
DOB

-----  
Social Security Number

-----  
Signature

-----  
Date

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**Authorization to Receive Motor Vehicle Record**

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I, \_\_\_\_\_, authorize the City of Stockbridge to contact Georgia Department of Driver Services to verify my Motor Vehicle Record and that I have a valid State of Georgia Driver's License. I understand that the City may conduct these checks on a regular basis for the duration of my employment.

Name as it appears on driver's license \_\_\_\_\_

Driver's License # \_\_\_\_\_

DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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Signature

-----  
Date

**INVESTIGATION AUTHORIZATION & ORDER FORM**

Under the applicable provisions of the Federal Fair Credit Reporting Act (FCRA), notice is hereby given that a consumer report or investigative consumer report may be made which may include information pertaining to your employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation and personal characteristics. This report may also include information pertaining to a commercial driver's license and commercial driving work history, which, under provisions of the United States Department of Transportation, can include inquiries into drug and alcohol testing and use. This report will be used for employment purposes only, and will be processed by LABORCHEX Companies, an employment screening service, 2506 Lakeland Drive #200, Jackson, MS 39208, 1-800-880-0366. An investigation into your worker's compensation and/or industrial accident background may also be conducted according to the provisions of the Americans with Disabilities Act (ADA). LABORCHEX conducts business according to all applicable federal and state laws. LABORCHEX agrees to use its best and most precise efforts to furnish its (a "client" is defined as a business, company or organization which contracts with LABORCHEX to provide employment screening services to them) with accurate, current, complete, and reliable information based on such information as it is reasonably available and obtained via applicable public records sources and/or information services utilized by LABORCHEX. Sources also include by phone, fax, U.S. Mail and electronic mail of an applicant's previous employers, education officials and other individuals who can provide accurate verification and confirmation of the applicant's background. However, LABORCHEX cannot guarantee the accuracy of the information provided by these sources, which include courts, public record databases, commonly accepted information sources and individuals, including previous employers.

You are further advised that LABORCHEX does not counsel its clients regarding their hiring policies and procedures (a "client" is defined as a business company, or organization, which contracts with LABORCHEX to provide employment screening services to them). LABORCHEX will not have any knowledge as to why you have been offered a position or the reasons why you were denied employment, and will not be responsible or liable for actions taken by its client. Under the provisions of the FCRA, you have the right to dispute information provided in a report and after providing proper identification, you can request a copy of such report(s), including details about the sources of information. Such information will be provided to you at no cost within 30 days after receiving your request. This information will be provided by the company, business or organization at which you applied for employment. Upon your request, LABORCHEX will provide additional details regarding your employment screening report, particularly the names of specific resources used to gather information, such as courts, public record databases, commonly accepted date sources and individuals. PRIVACY NOTE: LABORCHEX does not distribute details of employment applications or results to anyone other than the client that requested the background investigation. Information provided by applicants is held by LABORCHEX in strict confidence according to all federal laws.

**I, the undersigned, have read and fully understand the above notice. I hereby authorize LABORCHEX to investigate my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, personal characteristics and information pertaining to a commercial driver's license and commercial driving work history, including inquiries into drug and alcohol testing and use. I authorize LABORCHEX to verify the facts stated by me on the attached application and/or resume. I agree not to hold LABORCHEX responsible in any manner for errors in information provided to LABORCHEX by any of the sources LABORCHEX uses to obtain such information about my characteristics. I also agree not to hold LABORCHEX responsible for reports deemed by me to be incorrect, when LABORCHEX has, in good faith and according to its established lawful practices, based its information on sources utilizes, such as those listed above.**

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ SSN \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth (for criminal and driving record checks) \_\_\_\_\_ DL# \_\_\_\_\_ State: \_\_\_\_\_

**FOR COMPANY USE ONLY**

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicants Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**CHECK SCREENING REQUIRED FOR THIS APPLICANT**

- |   |   |
|---|---|
| <input type="checkbox"/> Previous Employment Verification               | <input type="checkbox"/> Driving Record Check                     |
| <input type="checkbox"/> Education Verification                         | <input type="checkbox"/> Workers' Compensation                    |
| <input type="checkbox"/> DOT (special screening for commercial drivers) | <input type="checkbox"/> Employment Credit Report                 |
| <input type="checkbox"/> Professional/Personal References               | <input type="checkbox"/> National Address Search & SSN Validation |
| <input type="checkbox"/> Official Education Transcripts                 |   |
| <input type="checkbox"/> Criminal Record Check                          |   |

List jurisdictions here:

Nationwide Federal Violations Criminal Record Check

Signature of Official Authorizing Investigation \_\_\_\_\_ Date \_\_\_\_\_