



## City of Douglasville

PO Box 219

Douglasville, GA 30133

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[www.douglasvillega.gov](http://www.douglasvillega.gov)

*An Equal Opportunity Employer*

We welcome and appreciate your interests in employment with the City of Douglasville. We are an equal opportunity employer. No question on this application is intended to secure information for discriminatory purposes.

*Applicants are required to submit accurate, complete and truthful information in response to questions on this application, on a resume, and other information provided, including post-offer medical history information and information related to the post-offer drug test provided by the City's designated physician. Failure to do so will be grounds for rejection of this application. Applicants must provide supplemental written information where necessary to accurately and completely respond to questions.* If the applicant selected for the position is not a City Employee, his/her employment history will be checked for a minimum of two previous employers, or for the past ten years, whichever is greater. If the applicant is a City employee, a review of the employee's personnel file and a reference check of the immediate supervisor will be reviewed.

This form is part of the examination process. Before completing the application, consider the duties of the job with or without reasonable accommodation and minimum qualifications for the specific job for which you are applying. You must meet minimum qualifications of the position to be considered.

**The City of Douglasville reserves the right to disqualify any application which is incomplete. This application may be completed at your convenience; however, failure to provide required documents by the published recruitment deadline may result in disqualification. All applicants are required to complete this application form prior to interviewing for a position. Resumes will not be accepted in lieu of completing the application but may be attached.**

Date Received: \_\_\_\_\_

**Title of Position Applying For**

**Personal Information**

*(please notify us promptly if there is any change of contact information)*

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Today's Date</b>
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<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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Home Phone: (____) _____ - _____	Are you a United States Citizen or legally eligible to work in the U. S.? ____Yes ____No <i>(if hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>
Work Phone: (____) _____ - _____	
Email Address: _____	

Are you 18 or over? \_\_\_\_Yes \_\_\_\_No

Have you ever used another name for work, school or other purposes? \_\_\_\_Yes \_\_\_\_No  
If yes, list those names in their entirety below.

Have you been previously interviewed or employed by the City of Douglasville? \_\_\_\_Yes \_\_\_\_No  
If Yes, list date(s) and job title(s):

Do you have any relatives currently working for the City of Douglasville? \_\_\_\_Yes \_\_\_\_No  
If Yes, list names and relationship to you:

***FOR HUMAN RESOURCES DEPARTMENT ONLY***

<b>Education Verified</b>	<b>Test Scores</b>	<b>Comments</b>

**FOR HUMAN RESOURCES DEPARTMENT ONLY**

Education Verified	Test Scores	Comments

**Driver's License Information**

\* If a Commercial Driver's License (CDL) is required of the position for which you are applying, be sure to complete **the Georgia DDS Self-Certification Form** (<http://www.dds.ga.gov/docs/ddsstore/DDS-1207%2012022015.pdf>) for positions which require the operation of a CDL vehicle and submit it with your application. \*

Do you have a current and valid driver's license? \_\_\_ Yes \_\_\_ No

List all the restrictions on your current driver's license: \_\_\_\_\_

List all traffic offenses and citations you have received during the preceding three (3) years, excluding only parking tickets. Explain circumsanced and disposition/outcome.

<i>Offense/Citation</i>	<i>Date</i>	<i>City/State</i>	<i>Circumstance</i>	<i>Disposition/Outcome</i>

**Current Licenses/Certifications/Registrations**

*Submit a copy of the required certification with this application.*

Type \_\_\_\_\_ Number \_\_\_\_\_ Agency/State Issuing \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type \_\_\_\_\_ Number \_\_\_\_\_ Agency/State Issuing \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type \_\_\_\_\_ Number \_\_\_\_\_ Agency/State Issuing \_\_\_\_\_ Expiration Date \_\_\_\_\_

Has your license/certification been denied, revoked, suspended, or subject to discipline by the licensing and/or professional body?

\_\_\_ Yes \_\_\_ No If **yes**, provide details below regarding the circumstances.

## Education

*If considered for employed, a copy of transcript or diploma for highest level of education is required.*

Name	Location	# Years Completed	Major Area of Study	Degree/Diploma
High School or G.E.D.				
College				
Graduate School				
Technical or Certificate Programs				

## Employment History

List all employment (including military service) for at least the past 10 years or for your last two (2) employers, whichever is greater. Begin with your most recent position. **Explain any gaps in employment.** Attach additional sheets as needed.

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Salary:		
Reason for Leaving:		
Was a Commercial Driver's License (CDL) required? ___ Yes ___ No		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay    Start:                      Finish:		
Reason for Leaving:		
Was a Commercial Driver's License (CDL) required? ___ Yes ___ No		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		
Was a Commercial Driver's License (CDL) required? ____ Yes ____ No		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		
Was a Commercial Driver's License (CDL) required? ____ Yes ____ No		

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

Please list any special awards, honors, scholarships, or offices held.

### Residential History

Please list all addresses where you have lived for the past **seven (7) years** beginning with your current residence.

From	To	Address	City/State	Zip Code

**Application Attachment I**

*Release and Authorization*

**Read Carefully before Signing:** I certify that I have made no willful misrepresentation in this application, my resume and any other documents submitted by me, nor have I withheld information in my statements and answers to questions, and I confirm that the information provided on this application and any other documents that I have submitted is true, correct, and complete. I am aware that the information given by me in application may be investigated. I agree to provide supplemental information if requested by the City of Douglasville’s designee. I further understand that falsification or omission of information including post-offer medical history information provided to the City’s designated physician are ground for rejection of this application and, should I be employed, may be grounds for dismissal. I understand that if any information provided on this form or others should change between the date I submit this application and date of any employment offer and/or hire date, that I must communicate those changes in writing to the Human Resources Director or designee in a timely manner. I further understand that this application, resume, and any other documents attached become property of the City of Douglasville and will not be returned. I understand and voluntarily authorize and request, without reservation, any party or agency contacted by the City of Douglasville including present and prior employers to furnish requested information to support my application.

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

**Notice of Conditions of Employment**

I understand that as a condition of employment with the City of Douglasville, Georgia, I will be required to pass a drug test and agree to abide by the City’s Alcohol and Drug Policy.

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