



## CITY OF CHATTAHOOCHEE HILLS APPLICATION FOR EMPLOYMENT

*The City of Chattahoochee Hills is an equal opportunity employer. It adheres to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, ethnic origin, national origin, marital or veteran status, citizenship, age, or disability.*

**Instructions:** You must complete this application even if a resume is attached. Type or print in ink. Please answer all questions completely and accurately. If more space is needed, attach additional sheets referring to an applicable section of the application.

Position applying for: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(Last, First, Middle)

Address: \_\_\_\_\_  
(Street, Apt. #) City, State, Zip Code

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Other Telephone: \_\_\_\_\_

---

### Please answer the following questions:

Are you over the age 18? Yes No

If applying for a sworn law enforcement position, are you over the age of 21? Yes No

Do you have a driver's license? Yes No State \_\_\_\_\_ Expiration date: \_\_\_\_\_ Class: \_\_\_\_\_

Are you now or have you ever been employed by Chattahoochee Hills? Yes No

Are any members of your family or any relative employed by Chattahoochee Hills? Yes No

If yes, give name, relationship and where employed: \_\_\_\_\_

Have you ever served on active duty with U.S. Armed Forces? Yes No If yes, what branch? \_\_\_\_\_

Date entered active duty: \_\_\_\_\_ Date discharged/separated: \_\_\_\_\_ Final rank: \_\_\_\_\_

List other names under which you have worked, applied for work, or attended school: \_\_\_\_\_

Employment desired:  Full-Time Only  Part-Time Only  Full- or Part-Time

If you are not available for work now, enter the earliest date you can begin work (mo./day/yr.): \_\_\_\_\_

Have you ever been discharged or asked to resign from any position? Yes No

If yes, give details: \_\_\_\_\_

Will you be able to provide proof of identity/authorization to work in the U.S.? Yes No

Computer Skills:  Word  Excel  Outlook  Power Point Other \_\_\_\_\_

General Computer Knowledge:  Basic  Intermediate  Advanced

**EDUCATION:**

Name of High School	Address	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you did not graduate from high school do you have a G.E.D. equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No      Date received:		Is the G.E.D.: <input type="checkbox"/> Military or <input type="checkbox"/> Civilian

College/University Name/Address	Dates Attended (Mo/Yr)		Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree
	From	To		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Business, Trade, Technical Schools and other Training	Dates Attended (Mo/Yr)		Certificates Received or Subjects Taken
	From	To	

Give the name of any professional (engineering, police, CPA, etc.) license you hold.	Date of Issuance	Expiration Date	License Number

**EMPLOYMENT HISTORY:**

**Complete the entire section in detail; do not use "see resume."** List chronologically all employment for the last 10 years including current, part-time and volunteer employment. All time must be accounted for. Any length of time not employed, indicate dates and reason for unemployment. Please attach a separate sheet of paper for additional employment history.

**May we contact your current employer for a reference?**  Yes  No  Not Applicable

1. Name of Present or last employer:			
Address:			
Job Title:	From:	To:	
Beginning Annual Salary:	Ending Annual Salary:		
Supervisor's Name:		Phone Number:	
Duties & Responsibilities:			
Reason for Leaving:			

<b>2. Name of Present or last employer:</b>			
Address:			
Job Title:		From:	To:
Beginning Annual Salary:		Ending Annual Salary:	
Supervisor's Name:		Phone Number:	
Duties & Responsibilities:			
Reason for Leaving:			

<b>3. Name of Present or last employer:</b>			
Address:			
Job Title:		From:	To:
Beginning Annual Salary:		Ending Annual Salary:	
Supervisor's Name:		Phone Number:	
Duties & Responsibilities:			
Reason for Leaving:			

<b>4. Name of Present or last employer:</b>			
Address:			
Job Title:		From:	To:
Beginning Annual Salary:		Ending Annual Salary:	
Supervisor's Name:		Phone Number:	
Duties & Responsibilities:			
Reason for Leaving:			

<b>5. Name of Present or last employer:</b>			
Address:			
Job Title:		From:	To:
Beginning Annual Salary:		Ending Annual Salary:	
Supervisor's Name:		Phone Number:	
Duties & Responsibilities:			
Reason for Leaving:			

Have you ever been dismissed or asked to resign?  Yes  No

If yes, please explain \_\_\_\_\_

Have you had any disciplinary action, to include verbal, written warnings, reprimands, suspensions, and counseling's, taken against you for any employment or position you have held?  Yes  No

If yes, please provide details or documents \_\_\_\_\_

Have you resigned or left a job by mutual agreement for any reason?  Yes  No

If yes, please provide details \_\_\_\_\_

Personal References: Give three (3) references (not relatives, former or present employer, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation. Provide complete mailing addresses and phone numbers.

Complete Name	Relationship
Home Address:	Home Phone
Business Address:	Business Phone
Occupation:	# of Year Acquainted:

Complete Name	Relationship
Home Address:	Home Phone
Business Address:	Business Phone
Occupation:	# of Year Acquainted:

Complete Name	Relationship
Home Address:	Home Phone
Business Address:	Business Phone
Occupation:	# of Year Acquainted:

**COMPLETE THE FOLLOWING SECTIONS ONLY IF APPLYING  
FOR A SWORN POLICE OR FIRE DEPARTMENT POSITION**

Have you ever applied or worked with any law enforcement agencies?  Yes  No

If yes, please provide the following:

1. Agency and/or Department:		
Address:		
Date Applied:	Position Applied for:	Status:

2. Agency and/or Department:		
Address:		
Date Applied:	Position Applied for:	Status:

3. Agency and/or Department:		
Address:		
Date Applied:	Position Applied for:	Status:

Do you own a business or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer?  Yes  No

If yes, please provide name and address of business, corporate or organization and describe your relationship or position: \_\_\_\_\_

Have you ever performed paid or unpaid services for a law enforcement agency not listed as an employer to include extra duty details and auxiliary?  Yes  No

If yes, please provide name and address of business, corporation, or organization and describe your relationship or position: \_\_\_\_\_

<b>RESIDENCES</b>
-------------------

List chronologically all address, including residences while at school and in the military. For college or campus residences, give dormitory name, city, and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office. If apartment complex, give name, phone number and point of contact/manager. Attach a separate sheet of paper for additional residences if necessary.

Dates – Mo./Yr.		Street Address.	City	County	State	Zip
From	To					

## ARREST HISTORY / COURT DATA

1. Have you ever been arrested, charged or received a notice or summons to appear for any criminal violations?  Yes  No
2. Have you ever been convicted or charged of a felony or misdemeanor?  Yes  No
3. To your knowledge, has any member of your family ever been arrested for a felony or misdemeanor?  
 Yes  No
4. If you answered yes to questions 1-3, list all such matters even if not formally charged, no court appearance or found not guilty or nolo contendere to any charges for which adjudication was withheld or matter was settled by payment of fine or forfeiture of collateral. (Include your juvenile charges and charges which have been sealed, if any.)

Applicant	Place & Department	Charge	Court & Plea	Date of Charge	Disposition
Relative's Name/Relationship	Place & Department	Charge	Court & Plea	Date of Charge	Disposition

5. Have you or your spouse ever been a plaintiff or defendant in a court action?  Yes  No
6. Have you ever been detained by any law enforcement officer for investigation purposes **OR** have you ever been the subject of **OR** a suspect in any criminal investigation?  Yes  No
7. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)?  Yes  No

If yes to questions #5 and #6, please provide details: \_\_\_\_\_

\_\_\_\_\_

## DRIVING HISTORY

1. Are you a licensed Georgia automobile operator?  Yes  License No.: \_\_\_\_\_  
Date of Expiration: \_\_\_\_\_ Restrictions: \_\_\_\_\_ Endorsements: \_\_\_\_\_
2. Do you hold or have you ever held an operator license in another state?  Yes  No  
If yes, please provide state(s), name used, driver license(s) number and approximate dates license(s) was/were held, if known: \_\_\_\_\_
3. Have you ever received a ticket or been charged with a traffic violation?  Yes  No  
If yes, list charge, date, and disposition: \_\_\_\_\_
4. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?  
 Yes  No If yes, please provide complete details including reason and place:  
\_\_\_\_\_
5. Have you ever had automobile insurance refused, withdrawn, or revoked?  Yes  No  
If yes, please provide completed details: \_\_\_\_\_

## MILITARY HISTORY

1. Have you ever served on active duty in the Armed Forces of the United States?  Yes  No

Branch of Service: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Service #: \_\_\_\_\_ Duty Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Job Specialty: \_\_\_\_\_

2. Are you now or have you ever been a member of the Reserve Unit or the National Guard?  Yes  No  
If yes, state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps: \_\_\_\_\_

3. Was any type of disciplinary action taken against you in the service?  Yes  No

If yes, please provide:

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Nature of Offense: \_\_\_\_\_

Action Taken: \_\_\_\_\_

## ORGANIZATION MEMBERSHIP

List all clubs and societies of which you are or have been a member.

Name	City & State	Former Member	Present Member List position held & describe activity

1. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force of violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?  Yes  No

2. Have you ever made a financial or other material contribution to any organization of the type described in question 1 above?  Yes  No

3. At the time of your membership, participation, or contribution, did you know of any unlawful aims to the organization?  Yes  No

4. Did you intend to promote any unlawful aims of the organization?  Yes  No

If yes to questions #1-4 above, explain including name of the organization and location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **BUSINESS INTERESTS & LICENSES**

1. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale of distribution of alcoholic beverages?  Yes  No
  
2. Are you now issued or ever been issued a license to engage in a business or profession?  Yes  No
  
3. Was the license ever canceled, suspended, or revoked?  Yes  No

If yes to questions 1-3, please provide details including the type of license or certificate, the agency that issued the license, effective date of the license, and license number: \_\_\_\_\_

\_\_\_\_\_



# APPLICANT CERTIFICATION

**CERTIFICATION:** (Please read the application and your answers carefully before signing.)

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the City of Chattahoochee Hills (the City) to thoroughly investigate my references, work records, personnel records, education, criminal background and other matters related to my suitability for employment and, further authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them without giving me prior notice of such disclosure. In addition, I hereby release the City, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. If I am an applicant for a sworn law enforcement position, I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the City and that it and the information received in response to the background examination are public records.

I understand that if offered employment through a formal written offer letter, the offer is contingent on my passing the drug screen and physical. Refusal to submit or failure to pass the drug screen/physical will result in withdrawal of the offer of employment.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### COMPLETE THE FOLLOWING CERTIFICATION ONLY IF APPLYING FOR A POLICE OR FIRE DEPARTMENT POSITION

In addition to the above statement, by signing this application I voluntarily agree to submit to the required pre-employment tests that may include physical ability, psychological test, polygraph and drug screen/physical. I understand that passing the required pre-employment tests are required in order to be employed in a sworn law enforcement and certified fire position with the City. I understand that the physical agility, polygraph and psychological test will be administered prior to an offer of employment and if offered employment through a formal written offer letter, the offer is contingent on my passing the drug screen and physical.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City is of an "at will" nature, which means that I may resign at any time and the City may discharge me at any time with or without cause.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

#### **AFFIDAVIT** *(Must be notarized)*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

The foregoing was acknowledge before me this \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_

By, \_\_\_\_\_, who is personally known by me or who has produced \_\_\_\_\_ as identification.

Signature of person taking acknowledgment

Printed Name

Title or Rank