City of Arcade

Office of
Mayor and Council

706-367-5500

P.O. Box 417
Jefferson, GA 30549

APPLICATIONS ACCEPTED FROM 10:00 A.M. TO 3:00 P.M. MONDAY – FRIDAY

GENERAL APPLICATION FOR EMPLOYMENT
READ THIS SECTION BEFORE COMPLETING THE APPLICATION
The City of Arcade is An Equal Opportunity Employer

The City of Arcade is firmly committed to a policy of Equal Employment Opportunity and does not discriminate against applicants because of race, color, religion, age, national origin, sex or disability.

This application is to be used for employment consideration with the City of Arcade and all of its departments, commissions, and divisions.

This is a general application, which will be considered for all positions for which you may be qualified.

I UNDERSTAND THAT MY APPLICATION WILL BE CONSIDERED ACTIVE FOR JOB VACANCIES THAT OCCUR ONLY DURING THE NEXT SIXTY (60) DAYS. IF I WISH TO BE CONSIDERED FOR JOB VACANCIES OCCURRING AFTER THAT PERIOD OF TIME, I MUST RENEW MY APPLICATION.

ALL INFORMATION SUBMITTED MAY BE SUBJECT TO PUBLIC REVIEW UNDER THE GEORGIA OPEN RECORDS ACT.

I HAVE READ, OR HAVE HAD READ TO ME, THE INFORMATION LISTED ON THIS PAGE.

DATE:_____ _____

APPLICANT'S SIGNATURE

APPLICATION MUST BE SUBMITTED IN PERSON BY APPLICANT UNLESS OTHERWISE DIRECTED

NOTICE:
Your answers must be typewritten or clearly PRINTED IN INK. **EACH QUESTION MUST BE ANSWERED.** If a question does not apply to you, place the letters NA directly behind the question number. If additional space is needed to complete an answer, we will provide you with a continuation form on which to complete the answer.

LIST THE JOB TITLE(S) OR VACANT POSITION(S) FOR WHICH YOU ARE APPLYING:

_____

_____

1. Your Name in Full _____
   Last First (Given) Middle

2. Your Social Security Number _____

3. Present Home Address _____
   Street and Number Apartment Number

   _____
   City State Zip Code

4. Telephone Number (_____)_____. If you do not have a telephone, is there a number where we may leave a message? _____

5. (a) Are you over 18 years of age? _____ (b) If hired can you furnish proof of age? _____

6. Person to Notify in case of emergency _____
   Name

   _____
   Address City, State, Zip Code Telephone Number

7. Name of any relative(s) currently employed by the City of Arcade. _____

   _____

8. Driver's License Number _____ Class _____ State _____

9. Are you a U.S. Citizen?* _____ *State law requires that Police Officers must be U.S. Citizens.

10. List **ALL** of your residences for the past ten (10) years, beginning with the most recent and including college and/or military residences.

Dates: From	To	Street Address	Apartment No.	City	State	Zip Code

11. **COMPLETE THIS SECTION EVEN IF YOU HAVE INCLUDED A RESUME.**

Name of School	City, State	Number of Years Attended	Major/Minor	Degrees or Diplomas Received
High School				
College				
Graduate School				
Vocational School				
Miscellaneous				

12. **EMPLOYMENT:** List **ALL** of your employments; including summer and part-time for the past ten (10) years. **COMPLETE THIS SECTION EVEN IF YOU HAVE INCLUDED A RESUME.**

Name and Address of Employer	Date From	Date To	Salary	Kind of Work	Name of Supervisor	Reason for Leaving
a) Name						
Address (Mail/Street)						
b) Name						
Address (Mail/Street)						
c) Name						
Address (Mail/Street)						
d) Name						
Address (Mail/Street)						

13. May we contact your present employer? ☐ Yes ☐ No

14. Have you ever been dismissed or asked to resign from any employment or position you have ever held? ☐ Yes ☐ No If Yes, Employer's Name _____

Reason_____

15. Have you ever been **convicted** of a felony or misdemeanor, including traffic violations, within the last seven (7) years? ☐ Yes ☐ No If Yes, list dates, places, and charges of convictions.

Date	Place	Charges	Disposition	Details

16. **MILITARY RECORD**

a) Have you ever served on active duty in the armed forces of the U.S._____?
b) Branch _____
c) Are you now a member of the active reserves or National Guard? _____
d) Service Branch and Status_____

17. List any additional employment, job-related skills, abilities, training or experiences that might qualify you for a position. Use continuation sheet, if necessary. **COMPLETE THIS SECTION EVEN IF YOU HAVE INCLUDED A RESUME.**

_____

_____

18. Specialized Skills: Check Skills/Equipment Operated

☐ CRT ☐ Fax ☐ Production/Mobile Machinery (list) ☐ Other (list)

☐ PC ☐ Spreadsheet _____ _____

☐ Calculator ☐ PBX _____ _____

☐ Typewriter ☐ Word Processing _____ _____

19. Please list three **supervisor** references, if possible.

Name	Location	Title	Phone Number

20. If under 18 years of age, list name and address of parent and/or guardian.

_____

I understand that all appointments are probationary for a period of six (6) months, during which time I must demonstrate my fitness for continued employment. I am further aware that willfully withholding information or making false statements on this application will be basis for denial of a position prior to employment, and should such willful withholding or false statement become evident after appointment, such evidence will constitute sufficient grounds for dismissal from service with the City of Arcade. I further understand that if I am selected for employment with the City of Arcade that I must comply with the provisions of the Immigration Reform and Control Act of 1986 by providing documentary proof of identity and employment authorization prior to commencement of work. I fully understand and agree to these conditions. I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge. I authorize the City of Arcade to investigate my previous work performance and to confirm any knowledge, skills and abilities required to qualify me for the positions(s) I have indicated on this application.
If your application is considered favorably, on what date will you be available to work?_____

Date _____ Applicant's Usual Signature _____

ARCADE POLICE DEPARTMENT
Chief Michael Adams
P.O. Box 417
3325 Athens Highway
Jefferson, GA 30549
Main #: 706-367-1821
Fax #: 706-367-8972

Name: (Last, First, Middle)_____

DOB: (Month/Year) _____SSN Partial: (Last Four Only)_____

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of Arcade Police Department, whether said records are public, private, or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of education institutions; financial or credit institutions, including records of deposits, withdrawals, and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies including credit reports and /or rating); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wherever located.

Additionally, I also authorize and consent to a complete and full disclosure of Internal Affairs records (or other internal disciplinary records regardless of their title) including, but not limited to, Internal Affairs complaints, investigations, findings, records of disciplinary action, and disciplinary hearings. I hereby authorize the full and complete disclosure of these records whether they are unsealed, sealed, purged, or otherwise confidential due to previous agreements between myself and the entity holding the records.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for consideration in determining my suitability for employment by the City of Arcade. It is my specific intent to provide access to personal information including all personnel files and documents, and the sources of information specifically identified herein.

By my signature below, I voluntarily agree and understand fully the following:

1. **Any information obtained** by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining by suitability for employment by the City of Arcade.

ARCADE POLICE DEPARTMENT
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P.O. Box 417
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2. **All** materials pertaining to this background investigation become the property of the City of Arcade and will not be returned to me.
3. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.
4. In the event my application is disapproved or approved, disclosure of the sources of confidential information, detail of information and the background report (inclusive of all documents) **will not be revealed to me or provided under public disclosure.** (RCW 42.56.250 Applications – Testing Materials are exempt under Public Disclosure)

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

Applicant Signature_____Date_____

Must be signed in the presence of a notary:

Subscribed and sworn before me this

_____ day of _____, 20_____

My commission expires _____, 20_____

Notary_____

Name-Based Criminal History Record Information (CHRI) Consent/Inquiry Form

I, _____, being either an applicant or employee to a public safety agency or employee - agree to comply with the Georgia Crime Information Center (GCIC)Rules and Regulations. I comply with the GCIC Personnel Security Standards Rule 140-2-09 and consent to an investigation of my moral character, reputation, and honesty. I agree to submit to fingerprint identification checks. Said investigations will produce sufficient information to determine my suitability and fitness for employment.

I, _____, understand that the City of Arcade can disqualify me for employment or terminate me if I have been convicted by any state or federal government for any felony or have been convicted of sufficient misdemeanors to establish a pattern of disregard for the law. I may be disqualified or terminated due to giving false information, releasing confidential information/criminal history record information to improper authorities, and I agree to sign a CJIS Access Awareness Statement.

I, _____,I hereby authorize Arcade Police Department to conduct an inquiry for the purpose below and review any Geogia, and /or national CHRI as well as driver's history record pertaining to me which may be in the files of any state or local criminal justice agency in Georgia as authorized by state and federal law.

I understand this document completely, and will submit to such investigations as stated

Full Name (Please Print)	
Current Address	

Sex	Race	Date of Birth	Social Security Number

- This authorization is valid for 90 days from date of signature
- I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

_____ _____
Applicant Signature Date

_____ _____ _____
Attorney for Individual (Purpose Code E and U Only) Bar Number Date

_____ _____ _____
Agency Designee and Title Signature Date

_____ _____ _____
Notary Public My Commission Expires Date

Purpose Code Used (Check One): *Note: Only one inquiry may be performed per consent form.

NON-CRIMINAL JUSTICE PURPOSES

- ☐ E – Employment
- ☐ M – Employment direct care with Mentally Ill/Developmentally Disabled
- ☐ N – Employment direct care with Elderly
- ☐ W - Employment direct care with Children
- ☐ P – Public Record (No Consent Required)
- ☐ F – Probate Court/Weapons Carry License

PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)

- ☐ U – Personal Copy (Stamp Return "Personal Copy"

CRIMINAL JUSTICE EMPLOYMENT

- ☐ J – Civilian Criminal Justice Employment (State and III Data Received)
- ☐ Z – Sworn Criminal Justice Employment (State and III Data Received)

This Inquiry Resulted In The Following:

- ☐ No Criminal History Available
- ☐ Criminal History Available (Attached/Released)
- ☐ No NCIC/GCIC Warrant
- ☐ Possible NCIC/GCIC Warrant - Wanting Agency/Telephone Number:

City of Arcade

AFFIDAVIT VERIFYING APPLICANT'S LAWFUL IMMIGRATION STATUS

STATE OF GEORGIA **COUNTY OF JACKSON**

Before the undersigned officer authorized to administer oaths appeared

_____ who being duly sworn, deposes and states under oath
(print First, Middle and Last Name here)
as follows:

I am over the age of 21 years and I am not suffering from any legal disabilities which would prevent me from making this affidavit.

I am executing this affidavit under oath as an applicant for a City of Arcade, Georgia Business License or Occupational Tax Certificate, Alcohol License or other public benefit is defined in O.C.G.A. §50-36-1. I am applying for this public benefit on behalf of the following individual, business, corporation, partnership or other private entity:

_____
(print First, Middle and Last Name here)

Check the following option (1) or (2) that applies to you:

(1)___ ***I am a United States citizen***
OR
(2)___ ***I am a legal, permanent resident 18 year of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, 18 years of age or older and lawfully present in the United States with an Alien Registration number of:***
_____.

In making this affidavit, I understand that any person who knowingly and willfully makes a false, fictitious or fraudulent statement or representation in an affidavit shall by guilty of a violation of O.C.G.A. §16-10-20.

_____ _____
Signature of Applicant *Date*

_____
Applicant's PRINTED First, Middle, and Last Name

Sworn to and subscribed to before me, this the
_____day of _____, 20_____.

_____ _____
Notary Public My Commission Expires