

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

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 _____

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 be 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

