



# City of East Point Georgia

Personnel Department  
2777 East Point Street  
East Point, Georgia 30344

## APPLICATION FOR EMPLOYMENT

**NOTICE TO APPLICANT:** This application will be retained in the Personnel Department for a period of six months. If, by that time you have not heard from us it will be necessary for you to re-apply unless you request in writing that the application be retained for a longer period of time.

**TYPE OF WORK/  
POSITION APPLIED FOR** \_\_\_\_\_ **DATE** \_\_\_\_\_

Do you want to work  **FULL TIME** or  **PART TIME**

**PHONE#**

Specify days and hours if part-time \_\_\_\_\_

**Name** \_\_\_\_\_  
LAST FIRST MIDDLE

**PRESENT ADDRESS** \_\_\_\_\_ / \_\_\_\_\_  
NO. STREET APT. NO.

How long have you lived at this address? \_\_\_\_\_  
CITY STATE ZIP

**PREVIOUS ADDRESS** \_\_\_\_\_ / \_\_\_\_\_  
APT. NO.

How long did you live there? \_\_\_\_\_  
CITY STATE ZIP

**SOCIAL SECURITY NO.**

**DRIVERS LICENSE NO.** (if applying for a driving position) **STATE/CLASS**

Are you legally authorized to work in the United States? (If yes, verification will be necessary)  YES  NO

Are you 18 years of age or older?  YES  NO

Are you aware of the job description listing the essential job functions of the job for which you have applied?  YES  NO

Are you able to perform with or without accommodation the essential job functions for each position for which you have applied?  YES  NO

If accommodation is necessary, please answer how you would perform the tasks and with what accommodation?  YES  NO



# **EMPLOYMENT HISTORY**

## **BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT**

1. NAME OF EMPLOYER		ADDRESS	
EMPLOYED FROM	TO	NAME AND TITLE OF IMMEDIATE SUPERVISOR	
POSITION YOU HELD OR TITLE		STARTING SALARY	ENDING SALARY
		\$ YR.	\$ YR.
TYPE OF WORK OR MAJOR DUTIES/ RESPONSIBILITIES			
MAJOR ACCOMPLISHMENTS			
REASONS FOR LEAVING			

2. NAME OF EMPLOYER		ADDRESS	
EMPLOYED FROM	TO	NAME AND TITLE OF IMMEDIATE SUPERVISOR	
POSITION YOU HELD OR TITLE		STARTING SALARY	ENDING SALARY
		\$ YR.	\$ YR.
TYPE OF WORK OR MAJOR DUTIES/ RESPONSIBILITIES			
MAJOR ACCOMPLISHMENTS			
REASONS FOR LEAVING			

3. NAME OF EMPLOYER		ADDRESS	
EMPLOYED FROM	TO	NAME AND TITLE OF IMMEDIATE SUPERVISOR	
POSITION YOU HELD OR TITLE		STARTING SALARY	ENDING SALARY
		\$ YR.	\$ YR.
TYPE OF WORK OR MAJOR DUTIES/ RESPONSIBILITIES			
MAJOR ACCOMPLISHMENTS			
REASONS FOR LEAVING			

# EMPLOYMENT HISTORY continued

4. NAME OF EMPLOYER		ADDRESS	
EMPLOYED FROM	TO	NAME AND TITLE OF IMMEDIATE SUPERVISOR	
POSITION YOU HELD OR TITLE		STARTING SALARY	ENDING SALARY
		\$ YR.	\$ YR.
TYPE OF WORK OR MAJOR DUTIES/ RESPONSIBILITIES			
MAJOR ACCOMPLISHMENTS			
REASONS FOR LEAVING			

5. NAME OF EMPLOYER		ADDRESS	
EMPLOYED FROM	TO	NAME AND TITLE OF IMMEDIATE SUPERVISOR	
POSITION YOU HELD OR TITLE		STARTING SALARY	ENDING SALARY
		\$ YR.	\$ YR.
TYPE OF WORK OR MAJOR DUTIES/ RESPONSIBILITIES			
MAJOR ACCOMPLISHMENTS			
REASONS FOR LEAVING			

May we contact the employers listed above? \_\_\_\_\_. If not, indicate below which one(s) you do not wish us to contact

## PERSONAL REFERENCES

GIVES NAMES OF THREE PERSONS PERSONALLY ACQUAINTED WITH YOUR REPUTATION. Do not give names of relatives or former employers.

NAMES	ADDRESS	YEARS KNOWN	OCCUPATION	PHONE
1.				
2.				
3.				

I HEREBY CERTIFY that the answers given by me to the foregoing questions and the statements made by me are true to the best of my knowledge and belief. I understand that any false information, omission or misrepresentation of facts called for in this application or any supplements thereto, is cause for rejection to my application or discharge at any time during my employment. I voluntarily authorize my former employers, schools, and persons named herein to give information regarding me. I hereby release said organizations or persons from any liability or damages whatsoever.

I UNDERSTAND that as a condition of employment, I will be required to pass an employment physical and any future physical examination required by the CITY. I understand that such employment is subject to the policies of the CITY and the passing of any required written, physical agility or skill examination. It is understood that use of this form does not indicate that there are any position openings and does not in any way obligate the CITY.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_