



Clayton County Government

Human Resources Department

120 SMITH STREET, JONESBORO, GA. 30236

PERSONNEL USE
ONLY

1. _____
2. _____
3. _____
4. _____
5. _____

GENERAL INFORMATION - Please read carefully!

Read the Job Announcement carefully. Information must be complete so that all applications can be given equitable consideration. All qualified applications will receive consideration for employment regardless of race, color, religion, sex, age, national origin, or disability. Clayton County will only hire authorized workers regardless of national origin. This application must be typed or hand printed. **YOU MUST SIGN AND DATE YOUR APPLICATION IN INK.** Please complete **ONE APPLICATION FOR EACH POSITION** for which you apply. **APPLICATIONS will ONLY be ACCEPTED FOR POSTED POSITIONS.**

PERSONAL DATA				
DESIRED POSITION		POSTED SALARY	TODAY'S DATE	
LAST NAME	FIRST NAME		MIDDLE NAME	
STREET ADDRESS	APT.#	CITY	STATE	ZIP CODE
HOME TELEPHONE AREA CODE ()	BUSINESS TELEPHONE AREA CODE ()	OTHER AREA CODE ()	SOCIAL SECURITY NUMBER	
<p>Will you accept the posted salary for the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will you accept Shift work? <input type="checkbox"/> Yes <input type="checkbox"/> No Weekend work? <input type="checkbox"/> Yes <input type="checkbox"/> No Holiday work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you over 18 years old (21 years old for Law enforcement positions)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you legally eligible to work in the U.S. ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">(Note: If offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in a determination that the applicant is ineligible for employment in the United States.)</p> <p>Are you currently employed by Clayton County Government? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been employed by Clayton County Government? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">If YES, when and where? _____</p> <p>_____</p> <p>Do you have any relatives who are employed by Clayton County Government? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">If YES, give name, relationship, and department in which relative is employed: _____</p> <p>_____</p> <p>How did you hear about the job that you're applying for?</p> <p><input type="checkbox"/> Walk-in <input type="checkbox"/> Newspaper <input type="checkbox"/> Clayton County's Website <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Clayton County's Job-Line</p> <p style="padding-left: 40px;"><input type="checkbox"/> Job Fair <input type="checkbox"/> Highway Sign <input type="checkbox"/> Employee Referral <input type="checkbox"/> DOL Career Center</p> <p><input type="checkbox"/> Technical/College/University <input type="checkbox"/> Other Internet Source <input type="checkbox"/> Other: _____</p>				
EQUAL OPPORTUNITY EMPLOYER				

NAME: _____ POSITION APPLYING FOR: _____ DATE: _____

GENERAL EDUCATION HISTORY

High School Information

<i>Name of School Attended</i>	Did you receive a high school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Location</i>	<i>If No, circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12</i>

Relevant College Information [You may be required to provide a certified copy of college transcripts.]

<i>Name of School Attended</i>	Did you receive a degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Location</i>	If so, what type? Major:

Please indicate total number of years and months of all colleges attended: Years _____ Months _____

List major course(s) of study completed:

Relevant Graduate School Information [You may be required to provide a certified copy of college transcripts.]

<i>Name of School Attended</i>	Did you receive a degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Location</i>	If so, what type?

Please indicate total number of years and months of all graduate colleges attended: Years _____ Months _____

List major course(s) of study completed:

Relevant Doctorate/Law School Information [You may be required to provide a certified copy of college transcripts.]

<i>Name of School Attended</i>	Did you receive a degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Location</i>	If so, what type?

Please indicate total number of years and months of all doctorate/law colleges attended: Years _____ Months _____

List major course(s) of study completed:

VOCATIONAL/TECHNICAL EDUCATION HISTORY

Relevant Vocational/Technical Courses [You may be required to provide a certified copy of college transcripts.]

<i>Name of School Attended</i>	Did you receive a degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Location</i>	If so, what type?

Please indicate total number of years and months of all vocational/technical credits received: Years _____ Months _____

List major course(s) of study completed:

LICENSES/SPECIAL QUALIFICATIONS/SKILLS

List all licenses/special qualifications or skills including language, typing, and business equipment or machine operating skills that relates to the job for which you are applying:

NAME: _____ POSITION APPLYING FOR: _____ DATE: _____

NAME OF ORGANIZATION/FIRM:		FROM: MONTH	YEAR
ADDRESS:	AREA CODE & PHONE No.:	TO: MONTH	YEAR
CITY:	STATE:	ZIP CODE:	TOTAL TIME EMPLOYED: YEAR(S) MONTH(S)
OFFICIAL JOB TITLE:	SUPERVISOR'S NAME:		HOURS WORKED PER WEEK:
DESCRIPTION OF JOB DUTIES:		SALARY FIRST:	SALARY LAST:
		SPECIFIC REASON FOR LEAVING:	

NAME OF ORGANIZATION/FIRM:		FROM: MONTH	YEAR
ADDRESS:	AREA CODE & PHONE No.:	TO: MONTH	YEAR
CITY:	STATE:	ZIP CODE:	TOTAL TIME EMPLOYED YEAR(S) MONTH(S)
OFFICIAL JOB TITLE:	SUPERVISOR'S NAME:		HOURS WORKED PER WEEK
DESCRIPTION OF JOB DUTIES:		SALARY FIRST:	SALARY LAST:
		SPECIFIC REASON FOR LEAVING:	

NAME OF ORGANIZATION/FIRM:		FROM: MONTH	YEAR
ADDRESS:	AREA CODE & PHONE No.:	TO: MONTH	YEAR
CITY:	STATE:	ZIP CODE:	TOTAL TIME EMPLOYED: YEAR(S) MONTH(S)
OFFICIAL JOB TITLE:	SUPERVISOR'S NAME:		HOURS WORKED PER WEEK
DESCRIPTION OF JOB DUTIES:		SALARY FIRST:	SALARY LAST:
		SPECIFIC REASON FOR LEAVING:	

Do you have a valid Driver's License? Yes No License # _____ Class _____ State _____
(Note: Possession of a valid driver's license is not an essential function of all employment offered by the County. Answering "No" to this question does not necessarily disqualify your application.)

Have you had any traffic violations in the past 3 years? Yes No
If YES, please indicate type of offense and dates:

Have you ever been charged with a felony or misdemeanor where disposition was a conviction, a plea of nolo contendere (no contest), or first offender treatment? Yes No

If YES, describe circumstances:

(Note: A criminal conviction will not necessarily disqualify your application, except that a felony conviction will bar employment in a law enforcement job; the disclosure of a misdemeanor conviction will not automatically result in disqualification. Criminal histories will be submitted to the National Crime Information Center (NCIC) for verification. Failure to disclose a conviction may be considered grounds for disqualification. Applicants should be careful to disclose all criminal convictions in the space above.)

Have you ever been dismissed or asked to resign from any job? Yes No
If YES, explain in detail:

NOTICE

Your application regarding this position will be sent to the respective department upon certification, providing that you have met the minimum qualifications. If your application for employment is considered by the department and they wish to set up an interview, you will be notified by a county representative within 45 days. *If you have not been notified within 45 days, please consider the following:*

- **The position as indicated in this application has been filled;**
- **the department has elected to continue their search for a candidate whose qualifications are closer to the needs and requirements of this position; or**
- **the department has withdrawn the position.**

We appreciate your interest in employment with our county and wish you success with your employment endeavors.

APPLICANT'S CERTIFICATION AND AGREEMENT

The signature below indicates that the facts set forth in this application for employment are true and complete to the best of your knowledge. Furthermore, if you are employed by Clayton County, any false statements written on this application shall be considered a sufficient cause for dismissal.

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

I have made application for employment with Clayton County Board of Commissioners (the County). The County is hereby authorized to make any investigation of my prior Motor Vehicle Records, Credit, Education, Work, and Criminal histories. I also authorize my employer and/or former employers and schools to release information regarding my employment, transcripts, and/or any information they have regarding me, whether or not it is in their records. I hereby release them from any damage whatsoever for issuing such information. I ___ authorize/ ___ do not authorize the County to contact my present employer.

DATE: _____ SIGNATURE: _____

(WE MUST HAVE ORIGINAL SIGNATURE, PREFERABLY IN BLUE INK!)