

APPLICATION FOR EMPLOYMENT

Print Form

ROCKDALE COUNTY
DEPARTMENT OF HUMAN RESOURCES
981 Milstead Avenue, P. O. Box 289
Conyers, Georgia 30012
Phone: 770-929-4030 Fax: 770-918-6438
www.rockdalecounty.org



Applicants will receive consideration on the basis of qualifications and without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

ROCKDALE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER
APPLICATIONS MUST BE COMPLETED FULLY, EVEN IF ATTACHING A RESUME

Name:	<input type="text"/>				
	LAST	FIRST	MIDDLE		
Address:	<input type="text"/>				
	STREET	CITY	STATE	ZIP	
Phone #s:	<input type="text"/>				
	DAYTIME #/CELL #				

POSITION TITLE APPLIED FOR:

Position: Position #: Date:

Are you capable of performing the essential functions of this position for which you are applying with or without a reasonable accommodation? NO YES (If you have questions as to what functions are applicable to the position, please ask for assistance.)

How did you learn about employment with Rockdale County?

Have you filed an application with us before? NO YES, if so, when?

Have you been employed by Rockdale County before? NO YES, if so, when?

Do you have relatives currently working for Rockdale County? NO YES, if so, please indicate below:

Name: Relation: Department:

Are you legally eligible for employment in this country? NO YES, (Proof of citizenship or immigration status will be required upon employment.)

If you are under 18 years of age, can you provide required proof of your eligibility? NO YES N/A

Have you been convicted of a felony within the past seven (7) years? NO YES, if so, please explain below:

Date you are available to work? Full Time Part Time Shift Work Temporary

EDUCATION

High School:

School Name & Address

Years Completed:

Diploma/Degree:

College/University:

School Name & Address

Years Completed:

Diploma/Degree:

College/University:

School Name & Address

Years Completed:

Diploma/Degree:

Others (Including Military):

School Name & Address

Years Completed:

Diploma/Degree:

Describe any certification, specialized training, apprenticeships, skills, and extra-curricular activities:

Certification/License # & Type of Certification/License:

List any foreign language(s) you speak, read, and/or write:

Language:

Fluent

Good

Fair

Language:

Fluent

Good

Fair

List any professional, trade, business, or civic activities and offices held:

(You may exclude memberships which would reveal gender, age, race, religion, national origin, ancestry, disability, or other protected status.)

List computer software applications/programs that you are proficient in:

List mobile machinery/heavy equipment/small equipment that you have experience in operating:

EMPLOYMENT EXPERIENCE (Continued):

Employer: Type of Business:

Address:

Telephone Number(s): Supervisor's Name:

Your Job Title: Number of employees you supervised, if applicable:

Describe your work duties:

Start Date: End Date: Start Salary: \$ End Salary: \$

Reason for Leaving (Be Specific):

BUSINESS REFERENCES (Do not list supervisors already noted or family members.)

#1 - Name & Address:

#1 - Relationship: #1 - Phone Number(s):

#2 - Name & Address:

#2 - Relationship: #2 - Phone Number(s):

#3 - Name & Address:

#3 - Relationship: #3 - Phone Number(s):

APPLICANT'S AGREEMENT STATEMENT (*This must be signed and dated to validate application*)

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment decision. I authorize you to communicate with persons listed as references, former employers, and any others whom you desire to check. I agree to hold such persons harmless with respect to any information they may give concerning me.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and that the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer. Rockdale County maintains a drug free workplace policy, and as such requires a successful completion of a drug test as a condition of employment. In addition to meeting other requirements as determined by the job requirements, I hereby give my consent to those test(s).

Signature _____

Date:

NOTE:
Please see page 5. Please return EEO Data Form with Application.

APPLICANT EQUAL EMPLOYMENT OPPORTUNITY (EEO) DATA FORM

Rockdale County requests the data below, so that we may comply with Federal Equal Employment Opportunity Law requirements. The information is **STRICTLY VOLUNTARY** and in **NO WAY** influences employment prospects.

This form will be kept separate from your application, as such, please provide:

Name:

Address:

Phone #s:

Date:

Position Title and Position Number Applied for:

Position Title: Position #:

Disabled

Veteran

Gender:

Female

Male

Ethnic Origin:

Hispanic or Latino

Non-Hispanic or Non-Latino

Race (Please check all that apply):

American Indian/Alaskan Native

Asian

Black or African American

Caucasian or White

Hawaiian or other Pacific Islander

Other