HUMAN RESOURCES DEPARTMENT
971 WILSON ROAD
RIVERDALE, GA 30296
PHONE: (770) 909-5485
FAX: (770) 909-5276
www.riverdalega.gov

HUMAN RESOURCES USE ONLY

APPLICATION FOR EMPLOYMENT

"An Equal Opportunity Employer"

INSTRUCTIONS: The application must be filled out accurately and completely. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Any additional information or documents you wish to submit in support of your application may be sent to the Human Resources Department via fax, U.S. mail or in person. All materials submitted become the property of the City and will not be returned. All statements made on the application are subject to verification.

1. NAME		
Last Name	First Name	M.I.

2. SOCIAL SECURITY NO.	**3. POSITION(S) APPLYING FOR**	
4. TODAY'S DATE	**5. JOB ANNOUNCEMENT NUMBER(S)**	**6. WHEN AVAILABLE**

7. EMAIL ADDRESS	**If you require assistance with the recruitment process due to a disability, please notify our staff.**

8. CONTACT NUMBERS	**9. DRIVERS LICENSE**
Home Telephone Number	Do you have a valid license? ___ Yes ___ No License Type: ___Operator ___CDL Class_____
Other Telephone Number (Cell, Beeper)	Endorsement Code(s) _____ Select One State Exp. Date

10. PRESENT HOME ADDRESS OR MAILING ADDRESS		
Street Address		
City	State	Zip Code

11. PREVIOUS HOME ADDRESS		
Street Address		
City	State	Zip Code

12. EDUCATION AND SPECIAL TRAINING (The City reserves the right to determine the acceptability of educational credentials)

HIGH SCHOOL

Circle highest grade completed: 9 10 11 12

Did you graduate? ____Yes ____No Equivalency - GED ____Yes ____No If yes, from what State? ____

Name and location of last HIGH SCHOOL attended: _____

Name City State

List Colleges/Universities Attended Below

Name	Major/Minor Field or Program of Study	
Address	City	State
# of Credits Received	Did you graduate? ____Yes ____No	Degree Received (e.g. AA, BS, MA, PhD)

Name	Major/Minor Field or Program of Study	
Address	City	State
# of Credits Received	Did you graduate? ____Yes ____No	Degree Received (e.g. AA, BS, MA, PhD)

List Special Training (Business, Trade, Vocational, Armed Forces Schools, Etc.) Below

Name	Course or Subject Taken	
Address	City	State
Total Months Completed	Licenses or Certifications	

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Address	City	State
Total Months Completed	Licenses or Certifications	

13. EMPLOYMENT RECORD - List all jobs held in the last TEN years and any other jobs relevant to the position for which you are applying. Major changes in duties or job titles with the same employer should be listed as separate jobs. Start with your PRESENT or MOST RECENT position and work back. BE SPECIFIC - all or part of your rating may depend on the information you provide. If additional space is needed, please use a continuation sheet. Any gaps in employment exceeding 90 days should be listed separately in Section 14. May we contact your present employer regarding your record of employment? Yes____ No____

(Job 1) Present or Most Recent Job

From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week _____

Starting Salary $ _____ per _____

Last Salary $ _____ per _____

Employer: _____

Address: _____

Telephone Number: _____

Your Job Title: _____

Supervisor's Name, Title and Phone #: _____

Reason for Leaving Position: _____

Specific Duties:

Number and Titles of employees supervised (if applicable):

(Job 2) Previous Job

From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week _____

Starting Salary $ _____ per _____

Last Salary $ _____ per _____

Employer: _____

Address: _____

Telephone Number: _____

Your Job Title: _____

Supervisor's Name, Title and Phone #: _____

Reason for Leaving Position: _____

Specific Duties:

Number and Titles of employees supervised (if applicable):

(Job 3) Previous Job					
From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week _____

Starting Salary $ _____ per _____

Last Salary $ _____ per _____

Employer: _____

Address: _____

Telephone Number: _____

Your Job Title: _____

Supervisor's Name, Title and Phone #: _____

_____

Reason for Leaving Position: _____

Specific Duties:

Number and Titles of employees supervised (if applicable):

(Job 4) Previous Job					
From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week _____

Starting Salary $ _____ per _____

Last Salary $ _____ per _____

Employer: _____

Address: _____

Telephone Number: _____

Your Job Title: _____

Supervisor's Name, Title and Phone #: _____

_____

Reason for Leaving Position: _____

Specific Duties:

Number and Titles of employees supervised (if applicable):

14. LIST ANY RELEVANT VOLUNTEER WORK AND ALL PERIODS OF UNEMPLOYMENT EXCEEDING 90 DAYS

From		To		Description of Activities or Volunteer Work
Mo.	Yr.	Mo.	Yr.	

15. SPECIFIC SKILLS - List below, the number of months/years applicable experience in skillfully operating machines, computers, heavy equipment, motorized equipment, etc., relative to the position(s) applied for.

No. of Months	Applicable experience

16. List current membership(s) in professional, job-related organizations:

17. List any active professional, technical, occupational licenses or certificates and registration you now hold:

18. List awards, commendations, or other recognition received for outstanding achievement in school, military service, your work, or civic duties:

19. VETERANS PREFERENCE: Pursuant to F.S. 295, eligible veterans and their spouses shall be given preference in appointment and retention in positions of employment. In order to receive preference, **supporting documentation must be submitted with this application**. (i.e. DD214, Statement of Disability Certification from the Department of Veterans Affairs)

Did you serve in the Armed Services? ___NO ___YES Is your discharge under honorable conditions? ___NO ___YES

Are you or have you ever been employed by the State of Florida or one of its Counties, Cities, or political subdivisions? ___NO ___YES

Veteran's preference is available only for Florida residents. Have you established Florida residency? ___NO ___YES

Are you claiming Veterans' Preference? ___NO ___YES If yes, please check the category that applies to you:

___ A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans Affairs and the Department of Defense **OR**

___ The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power **OR**

___ A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America **OR**

___ The unremarried widow or widower of a veteran who died of a service-connected disability

___ The Armed Forces Expeditionary Medal, as well as the Global War on Terrorism Expeditionary Medal are qualifying for Veteran's Preference, provided the individual is otherwise eligible.

Please check the statement that applies to you:

___ Korean Conflict: 06/27/1950 - 01/31/1955 ___ Vietnam Era: 02/28/1961 - 05/07/1975 ___Persian Gulf: 08/02/1990 - 01/02/1992

___ Any Armed Forces Expeditionary Medal received by a qualified applicant provides qualifying service for Veterans' Preference.

The Global War on Terrorism Expeditionary Medal is qualifying for Veterans' Preference, provided the individual is otherwise eligible.

An eligible veteran claiming preference who is not selected for a vacant position may file a complaint with the Florida Department of Veteran's Affairs, 11361 Ulmerton Road, Largo, FL 33778. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision or within 3 months of the date of application if no notice is given. For additional information visit www.floridavets.org/benefits//veteranspref.htm

20. Have you ever worked for the City of Riverdale? ___YES ___ NO

If yes, please give date(s) of employment: _____

_____

21. Are you related to a City employee or is any member of your household employed by the City of Riverdale?

Yes _____ No _____ If yes, please give the person's

Name: _____

22. Have you ever been a defendant in a civil action based on a claim by the plaintiff of an intentional wrong or injury on another person (including but not limited to assault, battery, false imprisonment, negligent or intentional infliction of distress, trespass, etc.)? Yes___ No___

If yes, state the nature of the injury claimed, and the current status of disposition of the claim, action, or lawsuit.

Nature of offense:_____

Name and location of court:_____

Disposition /status:_____ Date: _____

23. Since your 18th birthday, have you been **CONVICTED** of **ANY** violation of the law, other than minor traffic offenses, or pled NOLO CONTENDERE (No Contest) to criminal charges, even if adjudication was withheld? Yes_____ No_____ If yes, please give:

Nature of the offense: _____

Name and location of court: _____

Disposition of case: _____ Date: _____

NOTE: Answering yes to either question 22 or 23 does not automatically mean you cannot be employed by the City. The nature of the offense, how long ago it occurred, etc. are given consideration.

24. How did you <u>first</u> learn about the position for which you are applying? Check the <u>only</u> response that applies.

_____ Newspaper ad (please specify) _____

_____ Professional Journal (please specify) _____

_____ City of Riverdale Website

_____ Other Website (please specify) _____

_____ City of Riverdale Jobline

_____ City Employee Name _____

_____ High School/College or University

_____ Other (please specify) _____

IMPORTANT: Employment is subject to verification of an applicant's background. Persons selected for employment must (1) present a valid social security card, (2) take a Loyalty Oath as per Florida Statute, Section 876.05 and, (3) subsequent to an offer of employment, pass a medical examination by a physician. The medical examination may include testing for current use of drugs and/or controlled substances. If traces of drugs or controlled substances are present in a candidate's blood or urine and have NOT been obtained and taken as directed by a valid prescription, the candidate WILL NOT be given further consideration under the present announcement for this classification. Additionally, the City is required by federal law to verify having seen documents, which the applicant must provide as part of the employment processing, that show the applicant's identity and right to work in the United States.

APPLICANT: PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW.

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the City of Rivedale is true and correct. I understand that if I am selected for an interview, I will be required to confirm the authenticity of this application by signing the application. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification in an examination or to discharge at any time. Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide a sample of my blood or urine which may be tested for recent use of drugs and/or controlled substances. Further, I release the City, its officers, agents, and employees from any liability whatsoever in connection with such a medical examination or the use of the test results therefrom.

Signature of applicant_____ Date:_____

APPLICANT VOLUNTARY SELF-IDENTIFICATION

Please read all instructions carefully before completing the form.

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

This form may be completed by the applicant on a voluntary basis. It is not used for interview purposes. It will be filed separately from the application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for _____ Date _____

Please identify where you learned about an employment opportunity with the City of Riverdale.

Newspaper Ad Internet Employee State Employment Agency

Other _____

Applicant Information

Last Name_____ First Name_____ Middle Name_____

Address_____

Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

Hispanic or Latino White (Not Hispanic or Latino) Black or African American (Not Hispanic or Latino)

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) Asian (Not Hispanic or Latino)

American Indian or Alaska Native (Not Hispanic or Latino) Two or More Races (Not Hispanic or Latino)

CITY ARN #:
_____
For Official Use Only

Personal Request for Criminal History
Consent Release Form

I, the undersigned, hereby authorize the City of Riverdale Police Department to receive any criminal history record information pertaining to me, which may be in the files of any Federal, State, County or local criminal justice file.

Please print clearly:

Full Name: _____
LAST FIRST MIDDLE

Complete Street Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Note: Before signing this Consent Form, check all answers to see that you have answered questions fully and correctly. This Consent Form is to be executed under oath and is subject to the penalties of false swearing.

Verification

STATE OF GEORGIA, CLAYTON COUNTY
CITY OF RIVERDALE

I, _____ do solemnly swear or affirm, subject to the penalties of false swearing, that the above information in the foregoing Consent Form is true and correct and that I do willingly give my consent.

_____
Signature (Full Name)

I hereby certify that _____ (the above named individual) signed his or her name to the foregoing Consent Form, stating to me that he or she knew, and understood the reason for this Consent Form, and willingly signed said Consent Form, under oath, administered by me, that said information is true and correct.

This _____day of _____, _____.

_____
Notary Signature

Notary Public

(Place Notary Seal Above)

_____

For Official Use Only:

Business history is being run: _____ Requesting Officer: _____

Reason history being run: (Select only one)

Pre-employment with the City of Riverdale ☐
(Run with purpose code: J)

Qualification for Police Department ☐
(Run with purpose code: J)

Non-case numbered investigation ☐
(Run with purpose code: C)

Liquor Permit ☐
(Run with purpose code: J)

Pawnbroker Permit ☐
(Run with purpose code: E)

Weapon Release ☐
(Run with purpose code: C)

Pre-employment or Housing, etc… - Outside business ☐
(Run with purpose code: E)

Date this request was run: _____ Operator running this history request: _____

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Notification Form Regarding Consumer Report

Prior to being hired and during the course of your employment, if hired, we may obtain a consumer report and/or an investigative consumer report about you for employment purposes.

The investigative consumer report, also known as a reference check, may include information as to your character, general reputation, personal characteristics and mode of living. This information may be obtained by contacting your previous employers and/or references supplied by you or others. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within five days of the date on which we receive the request from you or within five days of the time the report was first requested, whichever is later.

The Fair Credit Reporting Act gives you specific rights. If we rely on the report for an adverse action, before taking the adverse action, we will give you a pre-adverse action disclosure that includes a copy of the report and a copy of the document entitled "A Summary of Your Rights Under the Fair Credit Reporting Act."

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative consumer report about you for employment purposes and authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and agencies, military services and persons to release all information they may have about you. This authorization shall be valid in original or copy form.

Applicants Name _____

Social Security Number _____

Current Street Address _____

City, State, Zip Code _____

County _____

Telephone Number _____

Signature _____ Date _____

Witness Signature _____ Date _____

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Release Authorization Form

I hereby authorize the Riverdale Police Department or the City of Riverdale Human Resources Department, to receive any criminal history information pertaining to me which may be in the files of any local, state or federal criminal justice agency. The authorization shall remain in effect from date of signature until such time as my application is rejected or, if employed, my employment is terminated.

I also request and authorize a review and full disclosure of all records concerning me to any authorized agent of the Riverdale Police Department or the City of Riverdale Human Resources Department, whether the records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; internal investigations and disciplinary records; financial or credit institutions or reporting agencies including loans, the records of commercial or retail credit agencies including credit reports and/or ratings, and other financial statements or records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the US Veterans Administration; employment and pre-employment records; and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either civil or criminal, in which I have or have had an interest. I understand that 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 the suitability for employment by the Riverdale Police Department.

A photocopy or facsimile of this release form will be as valid as an original, even though the photocopy or facsimile does not contain an original writing of my signature.
I hereby release any and all individuals, organizations, previous employers, reporting agencies, and others as stated above from any liability or damage, which may result from furnishing the requested information.

Signed this _____ day of _____ of _____

Signature _____

Printed Name _____

_____ _____ _____
Notary Public Seal Date