

**APPLICATION**  
**COVER SHEET TO INFORM APPLICANTS**  
**OF IMPENDING SCREENING**

Dear Applicant:

Thank you for choosing the City of Temple to help meet your employment and career goals. We appreciate the time you are taking to complete our standard application process.

The City of Temple is committed to providing a safe and comfortable environment for our employees, our customers, and our communities, as well as offering all employees the security of knowing their coworkers are as trustworthy, safety oriented and drug-free as they are. The City of Temple is a "Drug Free Workplace".

In order to meet these safety and security goals, in addition to requiring that all potential new employees are tested for illegal drugs, The City of Temple (with your written authorization) also conducts a thorough background screening. If you are considered for employment, please note that some or all of the following employment screenings will be performed:

**The City of Temple will conduct a CRIMINAL RECORDS CHECK**

**The City of Temple will conduct PREVIOUS EMPLOYERS & EDUCATION OFFICIALS**

**The City of Temple will verify your PROFESSIONAL LICENSE & CREDENTIALS (if appropriate)**

**The City of Temple will check your DRIVING RECORD (if your job involves driving a company or private vehicle).**

**The City of Temple will check your EMPLOYEMENT CREDIT REPORT (if appropriate)**

**The City of Temple may request additional levels of background screening when appropriate.**

**With this in mind, if there are any issues that you feel need to be resolved before you submit your application and are considered for employment, please discuss them with us or return at another time to complete your initial paperwork.**

**ALSO, PLEASE COMPLETE THE APPLICATION IN ITS ENTIRETY. BLANK FIELDS WILL NOT BE ACCEPTED.**

Again, thank you for considering The City of Temple.

I hereby authorize The City of Temple or its agent to perform a background screening.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CONDITIONS OF EMPLOYMENT

**PLEASE READ THIS SECTION CAREFULLY AND SIGN AND DATE THE BOTTOM**

**A.** I authorize investigation of all the statements contained in this application. I understand misrepresentation or material omission of facts called for is cause for dismissal, whenever such falsification or omission is discovered. I authorize all my previous employers and references to furnish any information concerning my personal character, habits or employment records. I release all such persons from liability or damages incurred as a result of this inquiry and furnishing this information.

**B.** I voluntarily agree to submit to a drug test and physical as part of my application for employment. I understand that refusal to submit to a test or failure to pass the test according to the standards set forth by The City of Temple will disqualify me from further consideration for employment. I further understand that I may again be required to submit to a drug test during my employment with The City of Temple and if I refuse to take the test or fail to pass it according to the standards set for the by The City of Temple I may be suspended or terminated immediately.

**C.** I understand that employment, if offered, is subject to my satisfying the employment and eligibility requirement of the Immigration Reform and Control Act of 1986. I will be required to provide proof of citizenship or immigration status upon employment.

**D.** I understand that my employment is for no definite period of time and may be terminated by The City of Temple at any time, for any reason, with or without cause or previous notice, regardless of the date of payment of my wages and salary. I also acknowledge that any offer of employment or my acceptance of any employment offer may be withdrawn for any reason at any time and without prior notice at the option of The City of Temple.

**E.** If I am employed by The City of Temple I will comply with all rules, regulation and directives. I further understand that these rules and regulations may be changed, interpreted, withdrawn or added to by The City of Temple at any time, at The City of Temple's sole option and without any prior notice to me.

**F.** I agree not to work for any other company while employed by The City of Temple without the written consent of the City Administrator of The City of Temple. Should my employment be terminated, the Company may supply, in confidence, to my prospective employer, my complete record with no responsibility in connections herewith attaching to The City of Temple or any member of its staff.

**G.** The City of Temple is an Equal Opportunity Employer, and firmly adheres to the provisions of the Americans with Disabilities Act. The City of Temple will not refuse to hire a disabled applicant who is capable of performing the essential requirements of the job with reasonable accommodation. You are not required to disclose information about physical or mental limitations that you believe will not interfere with your capacity to do the job. On the other hand, if you want The City of Temple to consider special arrangements to accommodate a physical or mental impairment, you may identify that impairment and suggest the kind of accommodation that you believe would be appropriate.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I HAVE READ AND AGREE TO ABIDE BY THE ABOVE STATEMENTS AND CONDITIONS OF EMPLOYMENT, IF HIRED.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date of Application



Have you ever been convicted of an offense against the law or are you now under charges for any offense against the law? (Omit non-moving traffic violations and any offense which was finally adjudicated in a Juvenile Court or under a Youth Offender Law).

No  Yes If "Yes" give complete details: (Date, Place, Charges, and Disposition)

**NOTE:** A conviction will not necessarily bar you from employment. Each conviction will be judged on its own merits with respect to time, circumstances and seriousness.

**EDUCATION**

Are you a high school graduate?  Yes  No If you are not a high school graduate, do you have a GED?  Yes  No

High School Name: \_\_\_\_\_ Location: \_\_\_\_\_

College or University Name and Location	Major Course of Study	Hours Earned Qtr.	Hours Earned Sem.	Completed	Type of Degree
				1 2 3 4	
				1 2 3 4	
				1 2 3 4	

What special skills, qualifications or certifications have you gained from former employers or other experiences which relate to the type of work you are applying for?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References** – Give names, addresses, and telephone numbers of three (3) references who are not related to you and are not previous employers.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address Street Apt# City State Zip Code

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address Street Apt# City State Zip Code

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address Street Apt# City Phone Number Zip Code

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**SKILLS AND TRAINING**

*Please complete this section if applying for a position that requires the following skills:*

**Computer Skills:**

Word Processing

Spreadsheet

Database

Graphics

Electronic Mail

Word Perfect

Lotus

dBase IV

Harvard Graphics

Group Wise

Word Perfect Office

Quattro

Microsoft Access  Power Point

Explorer

Microsoft Word

Excel

Other \_\_\_\_\_  Page Maker

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**Typing Speed:** \_\_\_\_\_

**Data Entry Speed:** \_\_\_\_\_

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**WORK HISTORY**

Describe your work history beginning with your current or most recent job. Include military and volunteer experience. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes and telephone numbers for all employers are necessary.

Have you ever been disciplines, fired, or asked to resign from any job?  No  Yes

If yes, why? \_\_\_\_\_

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Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Employment Dates:

\_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Describe Your Duties:  
\_\_\_\_\_  
\_\_\_\_\_

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***A RESUME MAY BE ATTACHED ONLY AS ADDITIONAL INFORMAION AND WILL NOT BE ACCEPTED IN LIEU OF COMPLETING THIS SECTION***

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Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Employment Dates:

\_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Describe Your Duties:  
\_\_\_\_\_  
\_\_\_\_\_

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Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Employment Dates:

\_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Describe Your Duties:  
\_\_\_\_\_  
\_\_\_\_\_

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**Applicant's Certification and Agreement  
Authorization to Release Information  
Conditions of Employment**

I hereby declare the information provided by me in this application is true and complete, and I understand that misrepresentations, omissions of facts, or falsification of this information are grounds for refusal to hire, or if hired, termination.

I authorize any persons or organizations to give you any and all information concerning my previous employment, education, or any other information they might have personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to you.

I authorize you to request, receive, and verify all information given in this application.

If I am employed by the City of Temple I agree to conform to the policies, rules and regulations of the government set for the in the City of Temple Personnel system, employee handbook, polices, and ordinances: and acknowledge that these policies, rules and regulations may be changed, interpreted, withdrawn, or added to by the employer at ay time, at the employer's sole option.

I understand that this application is not a contract of employment. I further understand that should employment be offered, my employment and compensation may be terminated wit or without cause at any time by either the City or myself. I understand that submission of this application in no way assures me a position and that no City representative has the authority to enter into any employment with me contrary to the foregoing.

I understand resumes, letter of reference, etc., submitted with the application become the property of the City of Temple and cannot be returned. The information I have provided on the application is subject to public disclosure under the Georgia Open Records Act.

If required by the City of Temple for the position I am applying, I consent to undergo a physical examination, after I have been offered employment, as deemed necessary.

**This Application will Remain Active for Forty Five (45) Days Only Unless Renewed Personally By Me in Writing.**

**Before and applicant can be selected for employment with the City of Temple he/she must submit to a drug test. Should you be offered a job with the City of Temple your position may require random drug testing.**

May we contact your present employer?     No     Yes     Presently not employed

You must sign the "Authorization to Release Information" form to enable to contact prior employers, even though we may not contact your present employer.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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ALCOHOL and CONTROLLED SUBSTANCE TESTING

As a condition of employment by the City of Temple you will be required to submit to an alcohol and controlled substance screening test. Employees must, as a condition of employment, abide by our policy regarding the effects of drug use and the unlawful possession of controlled substances. Employees must report any conviction under a criminal drug statute for such violations. A report of the conviction must be made within five (5) days after the conviction. (This requirement is mandated by the Drug-Free Workplace Act of 1988). In order to be employed by the City of Temple you must successfully pass this screening test.

By signing this form, you are acknowledging that you consent to such an examination and screening test.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_  
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from  
\_\_\_\_\_ [*name of government entity*], the undersigned applicant  
verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:  
\_\_\_\_\_.

In making the above representation under oath, 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, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: