



DEKALB COUNTY GOVERNMENT

Human Resources Department
1300 Commerce Drive, Suite 100
Decatur, Georgia 30030

Employment Application for: Temporary Employment

DeKalb County Government is an Equal Opportunity Employer and does not discriminate on the basis of Race, Sex, Age, National Origin, Religion, Sexual Orientation or Physical/Mental Disability (except where physical/mental requirements constitute a bona fide occupational qualification).

Name: _____			Soc. Sec. No.: _____		
(Last)		(First)		(Middle Initial)	
Address: _____					
(Number, Street, and Building Number)			(City)		(County) (State) (Zip Code)
Daytime Telephone ()		Evening Telephone: ()		E-mail Address: _____	

Have you ever been employed with DeKalb County Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Dates of Employment: (from) _____ to _____	
	Department in which you were last employed _____	
	Title of last position held with DeKalb County _____	

Are you at least 18 years of age? Yes No

Are you willing to accept temporary employment? Yes No

Are you a citizen of the United States? Yes No If no, are you legally authorized to work in the U.S.? Yes No

(All employees are required to provide proof of identity and authorization of employability.)

EDUCATION AND TRAINING

Are you a high school graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are not a high school graduate, do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you have no High School Diploma or G.E.D., how many years of school did you complete (circle one)? 1 2 3 4 5 6 7 8 9 10 11 12				
High School Name or GED Institution: _____				
Location (City/State): _____				
College/University Name and Location	Number of Years Completed 1 2 3 4	Degree Earned <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree (AA, BA, MS, etc)	Major Course of Study
List other training: _____				

EMPLOYMENT HISTORY (List your past employers, starting with the most recent, including military experience.)

From (Date):	To (Date):	Employer/Organization	Supervisor Name and Phone # () -
Job Title		Address	
Reason for leaving		Describe Duties	
From (Date):	To (Date):	Employer/Organization	Supervisor Name and Phone # () -
Job Title		Address	
Reason for leaving		Describe Duties	
From (Date):	To (Date):	Employer/Organization	Supervisor Name and Phone # () -
Job Title		Address	
Reason for leaving		Describe Duties	

GENERAL BACKGROUND				
Do you have any relatives employed by DeKalb County Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relative's Name:	Relationship:	Department where employed:	
Have you ever been in the U.S. military? <input type="checkbox"/> YES <input type="checkbox"/> NO	Service/Branch:	Dates of Service: Entered: _____ Discharged: _____	Type of Discharge (honorable, general, etc):	
Have you ever been fired or forced to resign by an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details in space below.				
Pleas, convictions, etc.				
Have you ever been convicted of a crime against the law (other than a minor traffic violation) or have pending charges? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please provide the following information for each:				
Conviction type (Felony / Misdemeanor): _____ Date: _____ Location: _____ Offense: _____				
_____ Date: _____ Location: _____ Offense: _____				
_____ Date: _____ Location: _____ Offense: _____				
_____ Date: _____ Location: _____ Offense: _____				
Note: Pending charges and/or conviction of a crime will not necessarily disqualify you from employment.				
Do you advocate, or have you ever advocated, or are you now, or have you ever been, a member of any organization that advocated the overthrow of the government of the United States, the State of Georgia or any political subdivision thereof by force or violence? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, provide details in space below.				
Driver License Information. (Please complete this section only if applying for a position that requires operating a vehicle or equipment.)				
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	What State?	Type/Class	Driver's license no.	Date of expiration:

Do you possess any special qualifications?

REFERENCES: List three persons not related to you who have knowledge of your qualifications for the position for which you are applying.

NAME	Business or Home Address and Phone #	Business or Occupation

CERTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

I certify that the information given by me in this application is true and complete to the best of my knowledge, knowing that any false information, misrepresentation, or concealment of fact is sufficient grounds for my application to be rejected or, if employed, my employment terminated.

I understand and agree that all information furnished in this application may be verified by the County. I understand that I may be removed from consideration or terminated in the event a medical examination given by the County discloses information on me which is considered disqualifying. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give the DeKalb County Government all information relative to my employment, education, and character, and hereby release such individuals, organizations, and DeKalb County from any liability for any claim or damage which may result. I hereby authorize DeKalb County Government and/or any of their authorized agents to gather any of the following information regarding: all records including criminal, credit, driving, drug, and/or education; written or verbal information from previous employers; any other pertinent information relating to the jobs for which I am applying.

Signature of Applicant-Required

Date