



HUMAN RESOURCES DEPARTMENT
 100 CHEROKEE STREET SECOND FLOOR LOBBY
 MARIETTA, GEORGIA 30090-9679
 PHONE: (770)528-2535 FAX: (770) 528-2550

APPLICATION FOR EMPLOYMENT
 COBB COUNTY GOVERNMENT
 JOB OPPORTUNITIES LINE:
 (770) 528-2555
 WWW.COBBCOUNTY.ORG

PLEASE PRINT; USE INK

DATE: _____

PERSONAL INFORMATION

Name: _____ Soc. Sec. No.: _____
 (Last) (First) (Middle Initial)

Address: _____
 (City) (State) (Zip Code)

Daytime Telephone: () _____ Evening Telephone: () _____ E-mail Address: _____

Position(s) applied for:

No. _____ Position Name _____	Are you willing to work shift work (nights, holidays, weekends, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
No. _____ Position Name _____	
No. _____ Position Name _____	

Date available for employment: _____

Are you at least 18 years of age? Yes No Are you able to perform all the duties listed in the job announcement? Yes No

If you answered No concerning the job duties, please explain.

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/University Name and Location	Major Course of Study	Number of Years Completed	Degree Earned	Type of Degree
		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL INFORMATION

Will you accept the approved starting pay for the position(s) you have applied for? Yes No

Have you ever been employed with Cobb County Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when?	Department/Office
Are you related to anyone currently employed by Cobb County Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relative's Name	Relationship Department

Can you submit legal verification of your right to work in the United States? Yes No In accordance with the Immigration Reform and Control Act of 1986, proof of authorization to be employed in the United States will be required of all prospective employees. Failure to establish such proof will prohibit or discontinue employment.

How did you learn of this employment opportunity?

<input type="checkbox"/> Employment Board	<input type="checkbox"/> TV 23	<input type="checkbox"/> Referral _____
<input type="checkbox"/> Job Opportunities Line	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Career Fair _____
<input type="checkbox"/> Internet- Cobb	<input type="checkbox"/> Radio	<input type="checkbox"/> Other _____
<input type="checkbox"/> Internet- Other	<input type="checkbox"/> Department of Labor	

Have you ever been convicted of or pleaded guilty or nolo to a felony or a misdemeanor, other than a minor traffic violation?* Yes No

If yes, for each conviction, please provide:

Type of conviction-- Felony or misdemeanor _____

Date: _____ Location: _____

Crime: _____

* Conviction of a crime will not necessarily disqualify you from employment.

Active Military Service (list date, serial or service number for all active service)

From: _____ To: _____ Serial or Service Number: _____ Branch of Service: _____

EMPLOYMENT RECORD

Describe your work history beginning with your current or most recent job. Include military and/or volunteer experience. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes and phone numbers for all employers are necessary. A resume may be attached *only* as additional information and will not be accepted in lieu of completing this section.

May we contact your current employer? Yes No

Organization/Firm		Street Address		City	State	Zip Code
From Mo/Yr /	To Mo/Yr /	Telephone () -	Supervisor's Name and Phone Number () -			
Starting Salary	Leaving Salary	Reason For Leaving				

Official Job Title: Full-time Part-time Seasonal/Temporary

Describe Specific Job Duties:

Organization/Firm		Street Address		City	State	Zip Code
From Mo/Yr /	To Mo/Yr /	Telephone () -	Supervisor's Name and Phone Number () -			
Starting Salary	Leaving Salary	Reason For Leaving				

Official Job Title: Full-time Part-time Seasonal/Temporary

Describe Specific Job Duties:

Organization/Firm		Street Address		City	State	Zip Code
From Mo/Yr /	To Mo/Yr /	Telephone () -	Supervisor's Name and Phone Number () -			
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Starting Salary	Leaving Salary	Reason For Leaving				

Official Job Title: Full-time Part-time Seasonal/Temporary

Describe Specific Job Duties:

DRIVING HISTORY

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	Which state?	Driver's license no.	Date of expiration:
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Do you have a commercial driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which state?	Which type?	Driver's license no.	Date of expiration:
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Have you incurred any traffic charges within the last three (3) years? Do not include parking tickets. Yes No

If Yes, give date(s) and types of charges:

I hereby direct the Department of Public Safety of Georgia, or any other authorized agency to whom this authorization may be presented, to release to the Cobb County Human Resources Department an abstract of my driving record for the past three-year period to be reviewed by the Human Resources Department for use in processing my employment application and determining my suitability for various job assignments.

Applicant's Signature: _____

PUBLIC SAFETY

Please answer the following when applying for a Public Safety position:

Police Officer, Deputy Sheriff:	Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you at least 21 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Firefighter:	Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
911 Operator:	Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SKILLS AND TRAINING

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

Computer Skills:

<u>Word Processing</u>	<u>Spreadsheet</u>	<u>Database</u>	<u>Graphics</u>	<u>Electronic Mail</u>
<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Excel	<input type="checkbox"/> Microsoft Access	<input type="checkbox"/> Power Point	<input type="checkbox"/> iNotes
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> PageMaker	<input type="checkbox"/> Outlook
			<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Keyboarding Speed: _____ **Data Entry Speed:** _____

If you are able to communicate in languages other than English, please provide information regarding other languages spoken and your skill level.

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

APPLICANT'S STATEMENT

I certify that the information given in this application is true and complete to the best of my knowledge. 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 with or without cause at any time by either the County or myself. I understand that submission of this application in no way assures me a position and that no County representative has the authority to enter into any employment agreement with me contrary to the foregoing.

I understand that failure to submit a complete application may disqualify me from consideration for a position.

I understand that if employed, any misstatement or omission of fact in this application may result in my dismissal at any time during my employment with Cobb County Government.

I authorize the release of high school and college transcripts, information concerning my previous employment and any information my former employers may have pertinent to this application and the employment procedures of Cobb County Government. I release all parties from all liability for any damage that may result from requesting, providing, processing, retaining or releasing any information about me. A photographic copy of this authorization shall be as valid as the original.

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

I understand that disclosure of my Social Security number on this application for employment is voluntary, that this information is solicited pursuant to the employer's policies, and that it is intended to be used for the purposes of identification and tracking by the employer in employment transactions.

By signing this application, I hereby acknowledge that I understand and agree to all provisions outlined herein.

Applicant's Signature: _____ **Date:** _____

Cobb County Government does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

HUMAN RESOURCES DEPARTMENT -- INTERNAL USE ONLY

Date application was received: _____ Initials of HR representative: _____