

CITY OF STONE MOUNTAIN
875 MAIN STREET
STONE MOUNTAIN, GA 30083
(770) 498-8984



Thank you for your interest in the City of Stone Mountain. Applications may be filed in person at City Hall, or mailed to the address above (note *ATTN: Personnel Director*). Applications are accepted during regular business hours Monday through Friday from 8:00 am until 5:00pm.

Please take note of any additional documentation that may be requested on the job posting. Resumes and other documentation you submit should be *in addition* to a completed employment application.

Applications will only be accepted when the City has a position vacancy. Such vacancies are advertised on the Human Resources tab at stonemountaincity.org.



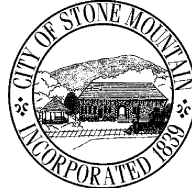
This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization. IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to give

you written instructions and an opportunity to contact DHS and/or the SSA before taking adverse action against you, including terminating your employment. Employers may not use E-Verify to pre-screen job applicants and may not limit or influence the choice of documents you present for use on the Form I-9.

To determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo matching tool to match the photograph appearing on some permanent resident cards, employment authorization cards, and U.S. passports with the official U.S. government photograph. E-Verify also checks data from driver's licenses and identification cards issued by some states. If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the employment eligibility verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 800-255-7688, 800-237-2515 (TDD) or at www.justice.gov/crt/osc.

**EQUAL
OPPORTUNITY
EMPLOYER**

Employment Application



City of Stone Mountain
PERSONNEL DEPARTMENT
 City Hall
 875 Main Street
 Stone Mountain, GA 30083
 (770) 498-8984 • Fax (770) 498-8609

FILL IN ALL ITEMS. Be thorough. Your answers determine whether you will be considered for this position. Your completed application, together with all supplementary materials specified on the job announcement, must be received by the City of Stone Mountain Personnel Department no later than the closing date specified. We cannot process incomplete, undated, or unsigned applications. We cannot be liable for materials lost or delayed in the mail. (Documentation submitted becomes the property of the City of Stone Mountain and will not be returned.)

(PLEASE PRINT IN BLACK INK OR TYPE -- DO NOT USE PENCIL)

EXACT TITLE OF POSITION APPLIED FOR:	Date of Application
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Last Name	First Name	Middle Name
Address Number	Street	Apt. #
City	State	Zip Code
Telephone Numbers: 1st _____ 2nd _____		Social Security Number ____-____-____

Have you ever been employed with us before? Yes No
 If yes, indicate department in which you were employed _____ .
 Last position held _____ .
 Date left _____ . Did you leave in good standing? Yes No
 If no, were you dismissed or asked to resign? Yes No

Do you have any relatives working for the City of Stone Mountain? Yes No
 If yes, indicate each:
 Relative's Name: _____ Relationship: _____ Dept. Employed: _____
 Relative's Name: _____ Relationship: _____ Dept. Employed: _____

Valid Licenses and Certificates you hold for this position:			
Type of License or Certificate	Issuing State	Registration Number	Expiration Date

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.
 If Yes, please explain. _____

We consider applicants for all positions without regard to race, color, religion, sex, national origin, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status. We are an Equal Opportunity Employer.

Education

	Elementary School					High School				Undergraduate College / University				Graduate / Professional			
Circle Years Completed	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Diploma / Degree / Certification																	
Course of Study																	
Describe any specialized training, apprenticeship, or skills.																	
State any additional information you feel may be helpful to us in considering your application.																	

List professional, trade, or business activities and offices held.

You may exclude memberships which would reveal any protected status:

Have you received a written reprimand, been suspended from work, received a reduction in pay, been demoted, or been subject to other disciplinary action because of failure to meet an employer's work requirements, failure to follow an employer's work rules, or for any other reason within the last year?

Yes

No

If yes, please explain.

Employment Experience

List the positions that you have held, starting with your most recent one. THIS SECTION MUST BE COMPLETED IN DETAIL. You are encouraged to attach a resume if you wish, but reference to a resume in lieu of completing this section cannot be accepted. Under "duties" describe your job in sufficient detail so that we can determine not only your tasks but the level of responsibility. If you have had more jobs or wish to add more detail to the "duties" section, complete a separate sheet in the same format and attach.

1.	Current Employer	Dates Employed		Duties Performed
	Address	From mo/yr	To mo/yr	
	City, State, Zip Code	Salary		
	Job Title	Supervisor & Phone Number		
	Reason for Leaving			

2. Former Employer	Dates Employed		Duties Performed
	From mo/yr	To mo/yr	
Address			
City, State, Zip Code		Salary	
Job Title	Supervisor & Phone Number		
Reason for Leaving			

3. Former Employer	Dates Employed		Duties Performed
	From mo/yr	To mo/yr	
Address			
City, State, Zip Code		Salary	
Job Title	Supervisor & Phone Number		
Reason for Leaving			

4. Former Employer	Dates Employed		Duties Performed
	From mo/yr	To mo/yr	
Address			
City, State, Zip Code		Salary	
Job Title	Supervisor & Phone Number		
Reason for Leaving			

5. Former Employer	Dates Employed		Duties Performed
	From mo/yr	To mo/yr	
Address			
City, State, Zip Code		Salary	
Job Title	Supervisor & Phone Number		
Reason for Leaving			

6. Former Employer	Dates Employed		Duties Performed
	From mo/yr	To mo/yr	
Address			
City, State, Zip Code		Salary	
Job Title	Supervisor & Phone Number		
Reason for Leaving			

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Have you ever had any job related training in the United States military? ____ Yes ____ No

If yes, please describe: _____

Kind of office equipment operated: _____

Typing speed _____ Shorthand speed _____

Kind of machines, tools and motor equipment operated: _____

Email Address: _____

The information you submit on this application may be a part of and / or the entire examination process, your failure to provide complete information could delay or even disqualify you from consideration for employment. We can only make changes in addresses or telephone numbers upon request. This application for employment shall be considered active for a period not to exceed 60 days.

I certify that the statements made by me on this application are to the best of my knowledge, true, complete and correct. I understand that any misrepresentation or material omission of fact on this or any other document required by the City of Stone Mountain, if employed, may be considered as constituting grounds for disciplinary measure, including dismissal. I further understand that any offer of employment is subject to successful completion of a medical examination, background investigation and, where necessary, a drug screening. Having applied for employment with the City of Stone Mountain, I do hereby agree and do give my consent that any person, firm or organization listed herein is authorized to furnish the City of Stone Mountain with personal or reference material concerning my character, past employment or any other information they so request. I further agree and hereby give my consent for the City of Stone Mountain to furnish any statistical data regarding this application which may be required for compliance with Equal Employment Opportunity Guidelines. I understand also that I am required to abide by all rules and regulations of the City of Stone Mountain.

It is understood that I shall be considered a probationary employee for no less than six (6) months but no more than twelve (12) months from date of hire. I may be discharged or laid off before the expiration of that period without recourse.

Signature of Applicant

Date

TO BE COMPLETED BY POLICE DEPARTMENT APPLICANTS ONLY

CRIMINAL HISTORY AND RECORDS CONSENT

I, _____, authorize the City of Stone Mountain Police Department to receive any record information pertaining to me which may be in the files of any state or local criminal justice agency in the State of Georgia, the Georgia Peace Officers Standards and Training Council, and a criminal/driver history record from the Georgia Crime Information Center/National Crime Information Center. I acknowledge the personal information provided below is true and complete.

FULL LEGAL NAME (no abbreviations)

DATE OF BIRTH

STREET ADDRESS

MAIDEN NAME (if applicable)

CITY, STATE, ZIP CODE

STATE / COUNTRY OF BIRTH

SOCIAL SECURITY NUMBER

DRIVERS LIC NUMBER / STATE

SEX

RACE

SIGNATURE

DATE OF AUTHORIZATION

On this, the _____ day of _____, 20____, before me a notary public, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

NOTARY SIGNATURE

NOTARY SEAL
HERE

OFFICE USE ONLY

QUERY

RETURN?

- GCIC/NCIC
- DRIVER HISTORY
- LEXIS NEXIS
- POST