



Please Print

City of Fayetteville

Application for Employment

Date of application / / | Date application rec'd / /

We offer assistance to applicants who may need reasonable accommodations with the application and/or interview process. Please notify a representative of our Human Resources Department if you need assistance.

Position(s) applied for: _____

Name: First _____ Middle _____ Last _____

Address: Street: _____ City: _____ ST: _____ Zip: _____

Telephone #: _____ Cell/Beeper #: _____ E-mail: _____

Have you previously been employed here? Yes No

Are you legally eligible for employment in this country? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details _____

Date available for work _____

Type of employment desired Full-time Part-time Temporary Seasonal Ed.Co-Op

Drivers license number (if driving is an essential job function) _____ ST: _____

Employment History

Provide the following information of your past four (4) employers, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
SUPERVISOR/TITLE		JOB RESPONSIBILITIES	
IF STILL EMPLOYED, MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ PER FINAL \$ PER	
FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
SUPERVISOR/TITLE		JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ PER FINAL \$ PER	
FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
SUPERVISOR/TITLE		JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ PER FINAL \$ PER	
FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
SUPERVISOR/TITLE		JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ PER FINAL \$ PER	

Skills and Qualifications

List any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying: _____

Educational Background

NAME AND LOCATION	NO. OF YRS COMPLETED	DID YOU GRADUATE?		NAME ON DIPLOMA
		MAJOR	DEGREE	
HIGH SCHOOL GED <input type="checkbox"/> yes				
COLLEGE				
OTHER				

References (Do Not Include Relatives)

NAME	TELEPHONE	NUMBER OF YEARS KNOWN
	()	
	()	
	()	

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the City of Fayetteville is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application or immediately discharge me from the City of Fayetteville's service, whenever it is discovered.

I expressly authorize, without reservation, the City of Fayetteville its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the City of Fayetteville, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the City of Fayetteville does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting to excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application will be retained by the City of Fayetteville for a period of 12 months. If I am not hired for the position applied, and wished to be considered for a new position, I must complete a new application.

If I am hired, I understand that I will be under probationary status/working test for a minimum of 12 months and that my employment can be terminated at will or without cause during this time except as may be required by law. I also understand that I am free to resign at any time, with or without cause and without prior notice. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the City of Fayetteville is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the City of Fayetteville's City Manager.

I also understand that if I am hired, I will be required to provide proof of identify and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICATION STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Signature of applicant: _____ Date ____/____/____

NOTICE OF DRUG TEST

No application for employment with the City of Fayetteville will be accepted unless the NOTICE OF DRUG TEST has been completed, signed and attached to the application agreeing to the administration of a pre-employment drug test.

Printed name of the undersigned

I hereby acknowledge that all applicants for employment with the City of Fayetteville, Georgia, are required to take a pre-employment drug test before the applicant is considered for employment.

The drug test will test for the presence of illegal drugs, alcohol, and prescription drugs in my body.

I understand that I am guaranteed a right of privacy which allows me to refuse the drug test; but without completion of a drug test I will not be considered for employment with the City of Fayetteville.

By signing this NOTICE OF DRUG TEST, I waive my expectation of privacy and upon acceptance and completion of the employment application, I will be asked to take a drug test. At no time will I be forced to take the drug test; however, the drug test is mandatory for employment with the City of Fayetteville.

By signing below I acknowledge that I can read the English and that I understand this document. By signing below I waive the right to privacy as to a pre-employment drug test as described above, and I agree to submit to a pre-employment drug test administered pursuant to the City of Fayetteville's Pre-employment Drug Testing Policies and Procedures. I agree to be bound by the results of such test, including the denial of my application for employment with the City of Fayetteville should illegal drugs or alcohol be detected, or should prescription drugs be detected without a valid and current prescription in my name for the particular prescription drug detected.

Undersigned Signature: _____

Printed Name: _____

Date: _____

NOTICE OF IMPENDING SCREENINGS

Dear Applicant:

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

The City of Fayetteville is committed to providing a safe and comfortable environment for clients and their families, as well as offering all employees the security of knowing their coworkers are as trustworthy, safety oriented, and drug free as they are.

In order to meet these safety and security goals, in addition to requiring that all potential new employees be tested for illegal drugs, The City of Fayetteville 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 Fayetteville will conduct a **CRIMINAL RECORDS CHECK**.

The City of Fayetteville will contact **PREVIOUS EMPLOYERS & EDUCATION OFFICIALS** (if appropriate).

The City of Fayetteville will check your **DRIVING RECORD** (if your job involves driving a City vehicle).

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

If there are any issues in your past that need to be resolved before The City of Fayetteville initiates this background screening, please discuss them with the appropriate Department Head or let us know that you are not ready for us to complete this essential process. We will hold all applications for 30 days.

Again, thank you for applying for employment with The City of Fayetteville.

Undersigned Signature: _____

Printed Name: _____

Date: _____

Job Requirement Understanding

I _____ have read the job description of the _____ position I am applying for, and understand those job requirements.

I believe that I can perform, with or without any reasonable accommodations, the essential functions of the job, which I am applying for.

I believe that the following accommodations will be necessary to enable me to perform the essential job functions:

Signed: _____

Date: _____

Received by: _____

CITY OF FAYETTEVILLE

The City of Fayetteville Personnel Management System is a system of employment that recognizes that the employees covered by the system should be selected and promoted according to their skills, knowledge, and abilities.

The Personnel Management System has been established by the City Manager of the City of Fayetteville to provide a fair, equitable, and productive work environment for those employees covered by the system. The system and these policies have been enabled by an ordinance adopted by the Mayor and City Council of the City of Fayetteville.

The purpose of the Personnel Management System is to establish a system of employment that implements and perpetuates six merit principles:

- a. recruiting, selecting, and advancing employees on the basis of their relative ability, knowledge, and skills, including open consideration of qualified applicants for initial appointment;
- b. providing equitable and adequate compensation;
- c. training employees, as needed, to assure high-quality performance;
- d. retaining employees based on the adequacy of their performance, correcting inadequate performance, and separating employees whose inadequate performance cannot be corrected;
- e. fair treatment of applicants and employees in all aspects of personnel administration without regard to political affiliation, race, color, national origin, sex, religious creed, age, or handicap; and
- f. protect employees against coercion for partisan and/or political purposes, and prohibiting employees from using their official authority for the purpose of interfering with or affecting the results of an election or a nomination for office.

- I understand that these policies are set forth for covered employees who have completed their probationary period/working period of employment. Additionally, I understand that as a newly hired employee that I am an "at will" employee and can be terminated during this probationary/working test period without cause and without the due process of grievance and appeals proceedings set forth in the City of Fayetteville Personnel Manual Section 7, except for cases of unlawful discrimination. I understand my duties are outlined in City Personnel Policies and Fire Department Policies and Procedures and I will adhere to these rules and regulations as set forth.

Signature of Employee

Date

Witness

Date