



City of Lithonia

EMPLOYMENT APPLICATION

IMPORTANT NOTICE: The City of Lithonia is an **EQUAL OPPORTUNITY EMPLOYER**, and does not discriminate against employees or applicants for employment because of race, color, religion, sex, age, national origin, handicap, sexual orientation, sexual preference, transgender status, or political affiliation.

Employment with the City of Lithonia is at will. Nothing in this application, the City of Lithonia Rules and Regulations, or any other documents or practices is intended to create a contract for employment services. An employee is free to terminate employment with the City of Lithonia at any time, with or without reason. Likewise, the City of Lithonia has the right to terminate employment at its discretion.

APPLICATION INSTRUCTIONS:

Information provided on this application form is used for preliminary screening of applicants. All questions must be answered completely. Failure to complete detailed information (i.e. job responsibilities, employment dates, salary information, etc.) may result in your application not being considered. Answering the questions on the application with "see resume" and attaching your resume is not a complete answer. You must list all the jobs for which you would like to apply.

NOTICE OF CHANGES:

Applicants should notify the Personnel Office of any changes in address, telephone number, education, training, or experience which has taken place after the "Employment Application" was filed. All changes should be submitted in writing.

RETURN COMPLETED APPLICATIONS TO:

(By Mail)
City of Lithonia
6920 Main Street
Lithonia, GA 30058

(By Email)
cheryl.foster@lithoniacity.org

Applicant Information

Jobs } Applying For:

Application Date:

Last Name:

Middle Initial:

First Name:

Address:

City:

State:

Zip:

How long have you been at this address?

Phone:

Alternate Phone:

E-mail:

Education & Training

Name & Location of School/ Training Facility	Course of Study	Dates Attended From/ To	Diploma, Degree, or Certificate Received? If yes, what type?
High School:			
College/ University:			
College/ University:			
Training/ Seminars:			
Training/ Seminars:			

Work History

1. Have you ever been employed with the City of Lithonia? **Y / N** From/ To

If yes, please give position title: Dates of employment:

2. Have you ever been asked to resign, forced to resign, or dismissed from any employment? **Y / N**

If yes, please explain:

3. Have you ever received a written reprimand, been suspended from work, received a reduction in pay, been demoted, or been subject to other disciplinary action within the last 5 years? **Y / N**

If yes, please explain the circumstances:

Starting with your present or most recent jobs, list all of the jobs you have held for the past 5 years. List all promotions separately. Include any service in the Armed Forces. Attach additional sheets if necessary. Resumes may be attached, but ARE NOT accepted as a substitute for a completed application. DO NOT WRITE IN "SEE RESUME."

Job Title:	Annual Salary: (start)	(end)
Employer:	Employment Dates: (start)	(end)
Address:		
City:	State:	Zip code:
Supervisor:	Phone:	
Job Duties:		
Reason For Leaving:		

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Employer:	Employment Dates: (start)	(end)
Address:		
City:	State:	Zip code:
Supervisor:	Phone:	
Job Duties:		
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Supervisor:	Phone:	
Job Duties:		
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Job Title:	Annual Salary: (start)	(end)
Employer:	Employment Dates: (start)	(end)
Address:		
City:	State:	Zip code:
Supervisor:	Phone:	
Job Duties:		
Reason For Leaving:		

Background Information

(Please circle)

- 1. Are you 18 years of age or older? **Y / N**
- 2. Are you legally authorized to work in the United States? **Y / N**
- 3. Have you ever served in the Armed Forces? **Y / N**
 If yes, did you receive anything less than an honorable discharge? **Y / N**
- 4. Have you been convicted of a felony or entered a plea of nolo contendere to a felony charge? **Y / N**
(please note that being convicted of a felony does not automatically disqualify you for employment)

5. Is any member of your immediate family now employed with the City of Lithonia? (Immediate family is defined to include the following: wife, husband, mother, father, daughter, son, sister, brother, half-sister, half-brother, stepmother, stepfather, stepdaughter, stepson, stepsister, stepbrother, grandmother, grandfather, granddaughter, grandson, aunt, uncle, niece, nephew, mother-in-law, father-in-law, daughter-in-law, son-in-law, sister-in-law, and brother-in-law) **Y/N**
If yes, please specify the name of the relative, your relationship to the relative, and in which department the family member works:

If you are applying for a position that requires a valid driver's license, please answer questions 7-11 (see job posting for requirement):

7. Do you have a valid State of Georgia Driver's License? **Y / N**
 If yes, please give license number: _____ Expiration Date: _____

If no, can you obtain a Georgia driver's license within 30 days of this date? **Y / N**
 Please explain:

8. Has your Driver's License ever been suspended or revoked? **Y / N** If yes, please explain:

9. Have you been convicted of or entered a plea of nolo contendere to a **MOVING TRAFFIC LAW** violation within the last five years? **Y / N**
 If yes, please explain:

10, Please list all vehicles/equipment that you are licensed to operate: _____

11. Have you been employed in a "safety sensitive job" that is regulated by the Department of Transportation and subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? **Y / N**

Public Safety Applicants Only (Positions in the Police Department --Please answer Questions 12-17:

12. Have you ever been convicted of or entered a plea of nolo contendere to a misdemeanor charge (other than a traffic violation)? **Y / N**

If yes, please explain: _____

13. Within the last 24 months, have you used, consumed, purchased, sold, transported, or had in your personal possession or control any illegal drugs or controlled substance in any matter not authorized by law? **Y / N**

14. Are you willing to be fingerprinted and to allow use of your fingerprints as an aid in conducting a thorough investigation of your background? **Y / N**

Additional Information—Use the space provided to list any additional information or experience that you believe should be considered:

IMPORTANT NOTICE: Before any offer of employment is finalized, applicants will be required to undergo and pass a criminal background check, work reference check, a pre-employment physical examination and other medical testing for controlled substances at a medical facility selected by the City of Lithonia at the City's expense. Prior to the job offer, applicants will have to sign the City's form authorizing the background check, and agreeing to submit to medical testing and authorizing the release of the results to the City. If the applicant does not pass any part of the criminal background check, or a pre-employment physical and drug screen, applicants will not be permitted to begin work for the City.

CERTIFICATION: By signing below, I hereby certify that the answers which I have given on this application are full and true to the best of my knowledge and belief. I understand that any false information, omission, or misrepresentation of the facts in my application, or throughout the City's selection process is cause for rejection of my application or dismissal from employment with the City of Lithonia. If I am applying for a "safety sensitive position," I understand that previous employers may be contacted to verify my work history and safety performance. I understand that employment by the City of Lithonia is at-will, and that either myself or the City of Lithonia may terminate the employment at any time, with or without reason. I understand that nothing in this application, the City of Lithonia Rules and Regulations, or any other documents or practices is intended to create a contract for employment services. I understand that no employee of the City of Lithonia can enter into an employment contract for a specified period of time and that any agreement to the contrary must be in writing, authorized by the City Manager.

Signature: _____ **Date:** _____



City of Lithonia

Applicant Statistical Record

Important Notice: The information requested in this sheet is needed for statistical purposes and in order to comply with Federal Government Regulations. The information is confidential and will be filed separately from your application.

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Last Name: _____ **Middle Initial:** _____ **First Name:** _____

Address: _____ **City:** _____ **State:** _____ **Zipcode:** _____
(Please circle)

SSN: _____ **Date of Birth:** _____ **Gender:** Male / Female

Job (s) Applying For: _____

Date of Application: _____

Please give us information about your race/ethnic background:

- White (non-Hispanic) Asian/ Pacific Islander
- Black (non-Hispanic) _____ American Indian or Alaskan Native
- Hispanic _____ Other: (specify)

How did you hear about this job opportunity?

- Newspaper Ad: _____
- Website: (name) _____ Private Employment Agency
- Career Fair: _____ Journal/ publication: _____
- Referral by friend/relative: _____ Walk-in
- Other: _____