

# APPLICATION FOR EMPLOYMENT

## City of Dalton, Georgia

P.O. Box 1205 (30722-1205), 300 W. Waugh St. (30720), Dalton, Georgia

Check box for department applying for:  City Administration  City Clerk  City Finance  
 CVB  Fire Dept.  Human Resources  Municipal Court  Parks & Rec.  
 Police Dept.  Public Works Dept.  Solid Waste Authority  Convention Center  Other

(PLEASE PRINT)

Date of Application: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Employment Agency  
 Other (list) \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
NUMBER STREET COUNTY

CITY STATE ZIP

Home Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Work Phone No.: (\_\_\_\_\_) \_\_\_\_\_  
AREA CODE AREA CODE

Email: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Have you filed an application with the City before?  Yes  No Date: \_\_\_\_\_

Have you ever been employed in any City Department before?  Yes  No Date: \_\_\_\_\_

Are you eligible to work in the United States?  Yes  No

Are you available to work? (Check all that apply)  Full Time  Part Time  Shift Work  Over Time

Are you on a lay-off subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Is there anything that would prevent you from performing in a reasonable and safe manner, the activities involved in the position in which you have applied?  Yes  No

If yes, please explain: \_\_\_\_\_

Do any of your friends or relatives work for the city?  Yes  No

If yes, list name(s): \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No

If yes, explain and give dates: \_\_\_\_\_

# AN EQUAL OPPORTUNITY EMPLOYER

Are you a veteran of the U.S. military service?     Yes     No

If yes, what was your Branch of U.S. military service? \_\_\_\_\_

What language(s) do you speak, read and/or write?

	FLUENTLY	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and office held. (Exclude groups which indicate race, color, religion, sex or national origin):

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Give name, address and phone number of three references not related to you:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

List each job held. Start with your Present or most recent job. Do not put "see resume" or a similar statement in the boxes; you should provide all requested information.

May we contact your current employer?     Yes     No

What shift do you currently work?     1<sup>st</sup>     2<sup>nd</sup>     3<sup>rd</sup>     N/A

	Dates Employed		
Employer Name	From	To	Work performed
Address			
Phone			
Job Title	Hourly Rate or Annual Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

	Dates Employed		
	From	To	
Employer Name			Work performed
Address			
Phone			
Job Title	Hourly Rate or Annual Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
	Dates Employed		
	From	To	
Employer Name			Work performed
Address			
Phone			
Job Title	Hourly Rate or Annual Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

**Please list any other previous Employers:**

Name of Employer \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Name of Employer \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Name of Employer \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Name of Employer \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

# EDUCATION

	Elementary	High School	College/University	Graduate/ Professional
School Name and Location				
Years Completed:				
Diploma/Degree/GED:				
Describe course of study:				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities:				

Honors Received: \_\_\_\_\_  
 \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application: \_\_\_\_\_  
 \_\_\_\_\_

Summarize special skills and qualification acquired from employment or other experience: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any software and/or office equipment with which you are proficient: \_\_\_\_\_  
 \_\_\_\_\_

List any specialized licenses you are qualified with or any heavy equipment you are able to operate (i.e. have CDL, etc.): \_\_\_\_\_

By signing here, I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also authorize a representative of the City of Dalton to check my references and past employers and agree to hold harmless anyone providing reference information. In the event of employment, I understand that false or misleading information given in my application and/or interview(s) may result in discharge. I hereby give my consent to a urine drug screen. This lab exam is performed as a condition of employment. I understand, also, that I am required to abide by all rules and regulations of the City of Dalton. I also understand that my employment is at-will and both I and/or my employer may choose to terminate my employment at any time. The City's policies do not create a property right of employment. This application may remain active for 90 days.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

# City of Dalton, Georgia

## PUBLIC SAFETY

### INSERT FOR EMPLOYMENT APPLICATION

P.O. Box 1205 (30722-1205), 300 W. Waugh St. (30720), Dalton, Georgia

(PLEASE PRINT)

Name: \_\_\_\_\_

LAST
FIRST
MIDDLE

Date: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Date
Number
State
Expiration

Have you ever applied here before?     Yes     No    If yes, when? \_\_\_\_\_

Are you or have you ever been a Firefighter?     Yes     No

Are you or have you ever been a Police Officer?     Yes     No

If yes, Date \_\_\_\_\_ Location \_\_\_\_\_

Were you certified?     Yes     No

Have you ever been dismissed from a government job?     Yes     No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever received a traffic ticket?     Yes     No

If yes, Date(s): \_\_\_\_\_ Location(s): \_\_\_\_\_

Have you ever been convicted of a felony?     Yes     No

If yes, list offenses and dates: \_\_\_\_\_

Have you ever been convicted of a misdemeanor?     Yes     No

If yes, list offenses and dates: \_\_\_\_\_

Have you been convicted of a DUI in the last 5 years?     Yes     No

If yes, explain: \_\_\_\_\_

Have you been convicted of five (5) or more moving violations during any 24-month period during the last five (5) years?     Yes     No

Have you been convicted of five (5) or more moving violations during the last three (3) years?     Yes     No

Have you been convicted of three (3) or more reckless driving offenses since attaining age 18, or two (2) or more moving offenses within the last twelve (12) months?     Yes     No

Have you ever used any illegal drugs (not specifically prescribed for you by a physician)? (This includes but is not limited to; opiates, cocaine, barbiturates, amphetamines, tranquilizers, phencyclidine, PCP, LSD, THC or hash oil, anabolic steroids.)  Yes  No

If yes, explain: \_\_\_\_\_

Have you used marijuana or synthetic marijuana in the past thirty-six (36) months?  Yes  No

Have you ever sold or distributed illegal drugs?  Yes  No

Have you ever used illegal drugs habitually or excessively during any past time period?  Yes  No

Have you ever used any illegal drugs during employment elsewhere as a firefighter?  Yes  No

Are there any pending suits or unsatisfied judgments or orders against you?  Yes  No

Are you presently on probation or deferred adjudication for a criminal offense?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

I understand that all applicants are required to submit to a polygraph examination before being hired. I also understand that if I accept employment with the Dalton Fire or Police Department, I am, by signing this application, agreeing to voluntarily submit to future polygraph examinations at any time after I am hired, upon the request of the department as part of an internal investigation;

and

I understand the City of Dalton prohibits smoking of cigarettes or other tobacco products in any enclosed building space owned or leased by the city. I further understand that smoking is prohibited in a city-owned or leased vehicle where at least one occupant of said vehicle is a non-smoker. I also understand that being a smoker will not disqualify me from being employed by the city;

and

I hereby give my consent to a urine drug screen. This lab exam is performed as a condition of employment. I also understand that the cost of this exam will be borne by The City of Dalton. I hereby authorize the release of the results of the examination to Dalton Fire or Police Department. This release also applies to all doctors and laboratories utilized in the course of the exam.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PHYSICAL TESTING DISCLOSURE - PD**

**POLICE SERVICES EMPLOYMENT APPLICATION  
PHYSICAL TESTING DISCLOSURE, ASSUMPTION OF RISKS AND RELEASE FROM  
LIABILITY**

As a candidate for employment by the City of Dalton Police Department, I understand I must take a physical readiness assessment as part of the selection process. I further understand that, if selected, I must attend and complete the State of Georgia Basic Law Enforcement Training Course.

I understand as part of the hiring process and attending the basic law enforcement training course, I am required to perform physical testing, which simulates tasks commonly conducted by peace officers during the performance of their duties. I acknowledge that any vigorous physical activity may result in unexpected injury.

TO THE BEST OF MY KNOWLEDGE, I CAN AND WILL BE ABLE TO SAFELY PARTICIPATE IN PHYSICAL TESTING WITHOUT HARMING MYSELF OR OTHERS. IF I CANNOT SAFELY PARTICIPATE IN PHYSICAL TESTING DURING THE SELECTION PROCESS, I WILL INFORM THE EXAMINER THAT I AM WITHDRAWING FROM CONSIDERATION FOR EMPLOYMENT. IF I CANNOT SAFELY PARTICIPATE IN PHYSICAL TESTING DURING THE BASIC LAW ENFORCEMENT TRAINING COURSE, I WILL INFORM THE EXAMINER THAT I AM WITHDRAWING FROM THE BASIC LAW ENFORCEMENT TRAINING COURSE.

I FULLY ASSUME ALL THE RISKS INVOLVED IN TAKING PHYSICAL TESTS. IF I AM NOT WILLING TO ASSUME THE RISKS ASSOCIATED WITH THE TESTING, I WILL INFORM THE EXAMINER THAT I AM WITHDRAWING FROM THE SELECTION PROCESS OR THE BASIC LAW ENFORCEMENT TRAINING COURSE.

I, for myself, my heir(s), executor(s), administrator(s), and or assign(s), hereby release the City of Dalton and the State of Georgia and any organization involved in the physical testing from any liability or claim for damages or any injury I might receive as a result of participating in the testing. I take the physical readiness and physical ability tests voluntarily and of my own free will and without coercion to do so from the City of Dalton or the State of Georgia or any organization.

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Signature of Applicant

Date