

# City of Arcade

Office of  
Mayor and Council

706-367-5500

P.O. Box 417  
Jefferson, GA 30549

**APPLICATIONS ACCEPTED FROM 10:00 A.M. TO 3:00 P.M. MONDAY – FRIDAY**

**GENERAL APPLICATION FOR EMPLOYMENT  
READ THIS SECTION BEFORE COMPLETING THE APPLICATION  
The City of Arcade is An Equal Opportunity Employer**

The City of Arcade is firmly committed to a policy of Equal Employment Opportunity and does not discriminate against applicants because of race, color, religion, age, national origin, sex or disability.

This application is to be used for employment consideration with the City of Arcade and all of its departments, commissions, and divisions.

This is a general application, which will be considered for all positions for which you may be qualified.

**I UNDERSTAND THAT MY APPLICATION WILL BE CONSIDERED ACTIVE FOR JOB VACANCIES THAT OCCUR ONLY DURING THE NEXT SIXTY (60) DAYS. IF I WISH TO BE CONSIDERED FOR JOB VACANCIES OCCURRING AFTER THAT PERIOD OF TIME, I MUST RENEW MY APPLICATION.**

**ALL INFORMATION SUBMITTED MAY BE SUBJECT TO PUBLIC REVIEW UNDER THE GEORGIA OPEN RECORDS ACT.**

**I HAVE READ, OR HAVE HAD READ TO ME, THE INFORMATION LISTED ON THIS PAGE.**

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

**APPLICATION MUST BE SUBMITTED IN PERSON BY APPLICANT UNLESS OTHERWISE DIRECTED**



**11. COMPLETE THIS SECTION EVEN IF YOU HAVE INCLUDED A RESUME.**

Name of School	City, State	Number of Years Attended	Major/Minor	Degrees or Diplomas Received
High School				
College				
Graduate School				
Vocational School				
Miscellaneous				

**12. EMPLOYMENT:** List ALL of your employments; including summer and part-time for the past ten (10) years. **COMPLETE THIS SECTION EVEN IF YOU HAVE INCLUDED A RESUME.**

Name and Address of Employer	Date From	Date To	Salary	Kind of Work	Name of Supervisor	Reason for Leaving
a) Name						
Address (Mail/Street)						
b) Name						
Address (Mail/Street)						
c) Name						
Address (Mail/Street)						
d) Name						
Address (Mail/Street)						

13. May we contact your present employer?  Yes  No

14. Have you ever been dismissed or asked to resign from any employment or position you have ever held?  Yes  No If Yes, Employer's Name \_\_\_\_\_

Reason \_\_\_\_\_

15. Have you ever been **convicted** of a felony or misdemeanor, including traffic violations, within the last seven (7) years?  Yes  No If Yes, list dates, places, and charges of convictions.

Date	Place	Charges	Disposition	Details

**16. MILITARY RECORD**

- a) Have you ever served on active duty in the armed forces of the U.S. \_\_\_\_\_?
- b) Branch \_\_\_\_\_
- c) Are you now a member of the active reserves or National Guard? \_\_\_\_\_
- d) Service Branch and Status \_\_\_\_\_

17. List any additional employment, job-related skills, abilities, training or experiences that might qualify you for a position. Use continuation sheet, if necessary. **COMPLETE THIS SECTION EVEN IF YOU HAVE INCLUDED A RESUME.**

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**18. Specialized Skills: Check Skills/Equipment Operated**

- CRT     Fax     Production/Mobile Machinery (list)     Other (list)
- PC     Spreadsheet    \_\_\_\_\_    \_\_\_\_\_
- Calculator     PBX    \_\_\_\_\_    \_\_\_\_\_
- Typewriter     Word Processing    \_\_\_\_\_    \_\_\_\_\_

19. Please list three **supervisor** references, if possible.

Name	Location	Title	Phone Number

20. If under 18 years of age, list name and address of parent and/or guardian.

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I understand that all appointments are probationary for a period of six (6) months, during which time I must demonstrate my fitness for continued employment. I am further aware that willfully withholding information or making false statements on this application will be basis for denial of a position prior to employment, and should such willful withholding or false statement become evident after appointment, such evidence will constitute sufficient grounds for dismissal from service with the City of Arcade. I further understand that if I am selected for employment with the City of Arcade that I must comply with the provisions of the Immigration Reform and Control Act of 1986 by providing documentary proof of identity and employment authorization prior to commencement of work. I fully understand and agree to these conditions. I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge. I authorize the City of Arcade to investigate my previous work performance and to confirm any knowledge, skills and abilities required to qualify me for the positions(s) I have indicated on this application.

If your application is considered favorably, on what date will you be available to work? \_\_\_\_\_

Date \_\_\_\_\_ Applicant's Usual Signature \_\_\_\_\_



**MAYOR**  
Doug Haynie

**COUNCIL MEMBERS**  
Ron Smith  
Cindy Bone  
Tom Hays  
Jenny Buley  
Denise Black

**Employment Background Investigation Consent Form**

I, \_\_\_\_\_, being either an applicant or employee to a public safety agency or employee - agree to comply with the Georgia Crime Information Center (GCIC) Rules and Regulations. I comply with the GCIC Personnel Security Standards Rule 140-2-09 and consent to an investigation of my moral character, reputation, and honesty. I agree to submit to fingerprint identification checks. Said investigations will produce sufficient information to determine my suitability and fitness for employment.

I, \_\_\_\_\_, understand that the City of Arcade can disqualify me for employment or terminate me if I have been convicted by any state or federal government for any felony or have been convicted of sufficient misdemeanors to establish a pattern of disregard for the law. I may be disqualified or terminated due to giving false information, releasing confidential information/criminal history record information to improper authorities, and I agree to sign a CJIS Access Awareness Statement.

I, \_\_\_\_\_, hereby authorize Jackson County Public Safety Communications Center to conduct an inquiry for the purpose below and review any Georgia, and /or national CHRI as well as driver's history record pertaining to me which may be in the files of any state or local criminal justice agency in Georgia as authorized by state and federal law.

I understand this document completely, and will submit to such investigations as stated

<b>Full Name (print)</b>			
<b>Address</b>			
<b>Sex</b>	<b>Race</b>	<b>Date of Birth</b>	<b>Social Security Number</b>

This authorization is valid for \_\_\_ days from date of signature.

I, \_\_\_\_\_, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney for Individual (Purpose Code E and U Only) \_\_\_\_\_ \_\_\_\_\_  
Bar Number Date

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

**Purpose Code Used (check one):** *Note: Only one inquiry may be performed per consent form.*

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	<b>E</b> Employment
<input type="checkbox"/>	<b>M</b> Employment direct care with Mentally Ill/Developmentally Disabled
<input type="checkbox"/>	<b>N</b> Employment direct care with Elderly
<input type="checkbox"/>	<b>W</b> Employment direct care with Children
<input type="checkbox"/>	<b>P</b> Public Record (no consent required)
<input type="checkbox"/>	<b>F</b> Probate Court/Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	<b>U</b> Personal Copy (stamp return "personal copy")
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	<b>J</b> Civilian Criminal Justice Employment (state and III data received)
<input type="checkbox"/>	<b>Z</b> Sworn Criminal Justice Employment (state and III data received)

**This inquiry resulted in the following (check all that apply):**

<input type="checkbox"/>	No criminal history available
<input type="checkbox"/>	Criminal history available (attached/released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (list Wanting agency below)
<input type="checkbox"/>	Wanting Agency Name:
<input type="checkbox"/>	Wanting Agency Telephone:

\_\_\_\_\_  
Agency Designee and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Date

# City of Arcade

## AFFIDAVIT VERIFYING APPLICANT'S LAWFUL IMMIGRATION STATUS

STATE OF GEORGIA

COUNTY OF JACKSON

Before the undersigned officer authorized to administer oaths appeared

\_\_\_\_\_ who being duly sworn, deposes and states under oath  
(print First, Middle and Last Name here)

as follows:

***I am over the age of 21 years and I am not suffering from any legal disabilities which would prevent me from making this affidavit.***

***I am executing this affidavit under oath as an applicant for a City of Arcade, Georgia Business License or Occupational Tax Certificate, Alcohol License or other public benefit is defined in O.C.G.A. §50-36-1. I am applying for this public benefit on behalf of the following individual, business, corporation, partnership or other private entity:***

\_\_\_\_\_  
(print First, Middle and Last Name here)

Check the following option (1) or (2) that applies to you:

(1)\_\_\_ ***I am a United States citizen***

OR

(2)\_\_\_ ***I am a legal, permanent resident 18 year of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, 18 years of age or older and lawfully present in the United States with an Alien Registration number of:***

\_\_\_\_\_.

In making this affidavit, I understand that any person who knowingly and willfully makes a false, fictitious or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. §16-10-20.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's PRINTED First, Middle, and Last Name

Sworn to and subscribed to before me, this the  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires